

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06871

CERTIFICATE OF DEATH

06869

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)			First EMILY	Middle SUSAN	Last ADAMS	20. DATE OF DEATH Month May	Doy 23	Year 1969	2b. HOUR P 5:30 M		
3. SEX Female		4. RACE White			5. DATE OF BIRTH 24 Sept 1893		6. AGE (In years lost birthday) 75 yrs.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U. S.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		9. COUNTY OF DEATH Frederick				
10. CITY OR TOWN OF DEATH Buckeystown 21717			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Main St.			12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) House-work			12b. KIND OF BUSINESS OR INDUSTRY Own Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13c. CITY OR TOWN Frederick			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER Main St.			
14. FATHER'S NAME First George W. Cutsail			15. MOTHER'S MAIDEN NAME First Middle Fanny Amelia Wagner								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown? (If yes give war or dates of service) No			16b. SOCIAL SECURITY NO. 220-44-9112J1			17. INFORMANT Norman A. Adams, Frederick, Md. 21701			108 Frederick Ave, Frederick, Md. 21701		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable ventricular fibrillation DUE TO, OR AS A CONSEQUENCE OF (b) Thyrotoxicosis (and arterio-sclerotic) DUE TO, OR AS A CONSEQUENCE OF (c) Heart des. w/ atrial fibrillation										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hour	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> of work <input type="checkbox"/> <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)			21f. LOCATION Street or R.F.D. No.			City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from _____, 19____, to _____, 19____, that (I) (we) last saw the deceased alive on _____, 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										22c. DATE SIGNED 26 May 1969	
22b. SIGNATURE <i>Charles H. Conley Jr. M.D.</i>		22c. DEGREE M.D.			ATTENDING PHYS. <input checked="" type="checkbox"/>			MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Charles H. Conley, Jr. M. D.			22e. ADDRESS 228 N. Market St., Frederick, Md. 21701						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/27/69			23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery			23d. LOCATION (City or Town) (County) (State) Frederick-Frederick-Maryland			
24. FUNERAL DIRECTOR <i>Frank R. Smith</i>		ADDRESS M. R. Etchison & Son, Frederick, Md. 21701			25a. REC'D BY REGISTRAR MAY 28 1969			25b. REGISTRAR'S SIGNATURE <i>Charles George</i>			

5-7860

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

ROBERT J. THOMAS,
812 TOLL HOUSE,
FEDERAL MARYLAND,
W.H. JENKINS & SONS CO.
REV. SAME (5)
JUN. 1968

06872

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06870

1. DECEASED NAME (Type or Print)	First James	Middle W.	Last Bakeman	2a. DATE KNOWN OF ESTI- DEATH MATED <input checked="" type="checkbox"/> 5/1 1969	Month 12 p.m.	Day	Year	2b. HOUR	
3. SEX M	4. RACE W	5. DATE OF BIRTH 4/27/1935	6. AGE (in years last birthday) 34 yrs.	7. IF UNDER 1 YEAR MONTHS DAYS	8. IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month 5	Day 1	Year 1969	2d. HOUR 12 p.m.
7a. BIRTHPLACE (State or foreign country) Seattle, Wash.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick			
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hosp. Community Development-Balto. City		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Balto. City		12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13c. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 18 E. Madison St.			
14. FATHER'S NAME Charles T. Bakeman		15. MOTHER'S MAIDEN NAME Unknown							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. 564-42-9782		17. INFORMANT Joseph Levine & Sons -Phila. Pa. 19121		ADDRESS 1512 N. Broad St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 819.9 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) CRUSHED CHEST, LACERATED HEART DUE TO, OR AS A CONSEQUENCE OF (c)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20. AUTOPSY?			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR <input type="checkbox"/> 5-1 1969		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 1b.) SINGLE CAR ACCIDENT		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) HIGHWAY		21f. LOCATION Street or R.F.D. No. US RTE 40-EAST-FREDERICK-FRED-MD		City or Town		County	State
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE Robert J. Thomas, M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/> R.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED May 1, 1967			
EXAMINER'S NAME (Type)				ADDRESS (Street, city, town, or county)					
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. Burial		23b. DATE 5/5/1969		23c. NAME OF CEMETERY OR CREMATORIAL Whitemarsh Memorial Pk. Whitemarsh		23d. LOCATION (City or Town) Pa.		(County) (State)	
24. FUNERAL DIRECTOR H.W. Jenkins & Sons Co.		ADDRESS 4905 York Rd. Balto. Md.		25a. RECD. BY REGISTRAR MAY 2 1969		25b. REGISTRAR'S SIGNATURE Charles Judge			

37828

incident

the 2nd floor

the man who was shot in the head
was hit in the head

material damage defined

specie value defined

1
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE
HEALTH DEPT.

06873

06871

Any delay is
permitted by law.
File pages 1 and 2 with the State Department of
Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or Print)	First Hazel	Middle D.	Last Banks	20. DATE KNOWN OF ESTI- MATED <input checked="" type="checkbox"/>	Month 5	Day 17	Year 1969	2b. HOUR • M			
3. SEX F.	4. RACE Negro	S. DATE OF BIRTH unknown	6. AGE (In years at birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0	HOURS 0	MIN 0	2c. DATE PRONOUNCED DEAD Month 5	Day 17	Year 1969	2d. HOUR 33 M
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick					
10. CITY OR TOWN OF DEATH Burkittsville (Rural)		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during day, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13b. COUNTY Fred.		13c. CITY OR TOWN Rural		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Burkittsville			
14. FATHER'S NAME First William		Middle Butler	Last Butler	15. MOTHER'S MAIDEN NAME First Lillie		Middle May	Last Butler				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) unknown		17. INFORMANT Nellie L. Butler - Burkittsville		ADDRESS					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4124 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE, ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE (c) DUE TO, OR AS A CONSEQUENCE OF								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>								22b. DATE SIGNED 5-19-69			
ACTUAL SIGNATURE <i>Robert J. Thomas</i>		EXAMINER'S NAME (Type) Robert J. Thomas, M.D.						CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Petersville			
23b. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. DATE 5/21/69		23d. NAME OF CEMETERY OR CREMATORIAL ADDRESS A.M.E. Church Cemetery		23e. LOCATION (City or Town) Petersville		(County) Fred.		(State) Md.	
24. FUNERAL DIRECTOR Faete Funeral Home						25a. REC'D BY REGISTRAR MAY 21 1969		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			

55230

Detail

Detail

Physical Exam

Anesthesia

Anest.

EKG

S/S

(Laparoscopy)

Difficulties

Lapar.

S/S

Endo.

No skin graft

No skin

No skin

All vessels - no graft - no suture

No skin

No skin

S/S

Different person - same skin - same - same - same - same

Same person - different - same - same - same - same

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06872

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician or physician, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR 1:30M
Sara	Mae	Barnes	May 7 1969		
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
Female	Negro	10-24-1915		53 YRS.	
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH	
N. Carolina	U.S.A.			Frederick	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY *****
Frederick	Frederick Memorial			Domestic	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER	
Md	Frederick	Frederick		7 W. 6th St, Frederick, Md	
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	Address
James	NMN	Harrell, Sr		Unknown	7 W. 6th Street Fred. Md
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
No	245-20-5469	Lewis Barnes			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINO MATOSIS</u> <u>180X</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.					
DUE TO, OR AS A CONSEQUENCE OF (b) <u>CARCINOMA CERVIX</u> DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 1b.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County State
22a. I certify that (I) (this hospital) attended the deceased from <u>Nov. 19, 1969</u> to <u>May 7, 1969</u> , that (we) lost saw the deceased alive on <u>May 7, 1969</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>Robert J. Thomas M</u>		ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 5/8/69
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS 812 Toll House Ave Fred. Md			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-10-1969	23c. NAME OF CEMETERY OR CREMATORIAL Fairview	23d. LOCATION (City or Town) Frederick	(County) (State) Fred. Md
24. FUNERAL DIRECTOR C. E. Hicks, 111 Frederick, Md		ADDRESS		25a. RECD BY REGISTRAR MAY 12 1969	25b. REGISTRAR'S SIGNATURE Charles Judge

37800

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

12
06875

06873

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of the death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or offending physician, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First SUSIE	Middle CECIL	Lost BAUBLITZ	2a. DATE OF DEATH Month May Day 12 , Year 1969	2b. HOUR 4:15 A.M.			
3. SEX Female		4. RACE Caucasian		5. DATE OF BIRTH February 5, 1889		6. AGE (In years last birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. HOURS 0	MIN. 0
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Frederick,				
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Nursing Center		12a. USUAL OCCUPATION (Kind of work done during most of working life if applicable) Retired Seamstress		12b. KIND OF BUSINESS OR INDUSTRY None			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Frederick		13c. CITY OR TOWN New Market	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER ?			
14. FATHER'S NAME First Thomas		Middle Jefferson	Lost Cecil	15. MOTHER'S MAIDEN NAME First Mary	Middle Ellen	Lost L.	Stockman		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? NO (Yes, no, or unknown)		16b. SOCIAL SECURITY NO. 219-07-8763A		17. INFORMANT Mr. Herman J. Baublitz		Address New Market, Maryland			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		4120 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		Artherosclerotic Cardiac DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF (c) Artherosclerotic Gouty		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 2 mo.			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. DATE OF OPERATION 3/22/69		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Anastomosis		20a. AUTOPSY? NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. 10 Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. 311963		City or Town Frederick	County Frederick	State Md.	
22a. I certify that (I) (this hospital) attended the deceased from 3/19/69 to 3/22/69 , that (I) (we) lost saw the deceased alive on 3/19/69 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE Frank Damazo, Jr.		DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED May 13, 1969			
22d. PHYSICIAN'S NAME (Type) Dr. Frank Damazo, Jr.		22e. ADDRESS 700 Montclair Avenue		23d. LOCATION (City or Town) Frederick		(County) Frederick		(State) Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-14-1969		23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery		23d. LOCATION (City or Town) Frederick			
24. FUNERAL DIRECTOR Robert E. Dailey & Son		ADDRESS Frederick, Md.		25a. REC'D BY REGISTRAR MAY 16 1969		25b. REGISTRAR'S SIGNATURE Charles J. Dailey			

27800

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06874

CERTIFICATE OF DEATH

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers pages 1 and 2 and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

1 DECEASED NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR 9:05 P.M.	
ET-FILE		MAY	BISER	May 3, 1969			
3. SEX F		4 RACE W	5. DATE OF BIRTH May 3, 1880		6. AGE (In years last birthday) 89 yrs.		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9 COUNTY OF DEATH Frederick	
10 CITY OR TOWN OF DEATH Oval-Frederick Montevue Infirmary		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Funeral work		12b. KIND OF BUSINESS OR INDUSTRY Various places	
13a. USUAL RESIDENCE (Where deceased lived, if institution admission) STATE Maryland		Residence before 13b. COUNTY Frederick		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 30 Valley Apts.	
14 FATHER'S NAME First Daniel		Middle Smith	Last Mary	15. MOTHER'S MAIDEN NAME First Kenneedy		Middle Last	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no		16b. SOCIAL SECURITY NO. 214-16-0883		17 INFORMANT Mrs Helen Smith, 21911 Statler Blvd. Mich.		Address	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4369 Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause lost		DUE TO, OR AS A CONSEQUENCE OF (b) Artiosclerosis vascular disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 13 days 3 years			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from July 11, 1968, to May 3, 1969, that (I) (we) last saw the deceased alive on May 3, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE See Roy L. Lewis		DEGREE ATTENDING PHYS.	22c. DATE SIGNED May 5, 1969	MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/7/69	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Rocky Hill Cemetery, Rd. Woodsboro Fred. Md.		23d. LOCATION (City or Town) Frederick	(County) (State)	
24. FUNERAL DIRECTOR T.L. Barton, Walkersville, Md. 21793		ADDRESS		25a. REC'D BY REGISTRAR MAY 7 1969	25b. REGISTRAR'S SIGNATURE John J. Judge		



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1. DECEASED NAME (Type or print)	First EUGENE	Middle FOUT	Last BITZER	2a. DATE OF DEATH Month May	2b. HOUR P 4:30		
3. SEX Male	4. RACE Caucasian	5. DATE OF BIRTH June 1, 1898		6. AGE (in years last birthday) 70	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS HOURS 0	MIN 0
7a. BIRTHPLACE (State or foreign country) Fred. Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick,	10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired Machinist	12b. KIND OF BUSINESS OR INDUSTRY None
13a. USUAL RESIDENCE (Where deceased lived, if inst 1.1 on admission) STATE California	13b. COUNTY ?	13c. CITY OR TOWN San Diego	13d. INS. DE C FT LIMIT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 4672 Del Monte			
14. FATHER'S NAME First Ralph	Middle Bitzer	Last	15. MOTHER'S MAIDEN NAME First Evelyn	Middle Catherine	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes	16b. SOCIAL SECURITY NO. (If yes give war or date of service) W.W. 1	17. INFORMANT Mr. Ralph C. Bitzer 119 S. Jefferson St. Md.	Address Fred.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BASILAR ARTERY THROMBOSIS Approximate Interval Between Onset and Death 4-7							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause 4-7							
Due to, or as a consequence of (b) CEREBRAL ARTERIOSCLEROSIS							
Due to, or as a consequence of (c)							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)							
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. A. TOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify med col exam'ner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)	21f. LOCATION Street or R.F.D. No City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 5-7- , 19 69 , to 5-7- , 19 69 , that (I) (we) last saw the deceased alive on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Rex R. Martin MD	DEGREE M.D.	ATTENDING PHYS <input checked="" type="checkbox"/>	MED DIRECTOR <input type="checkbox"/>	STAFF PHYS <input type="checkbox"/>	22c. DATE SIGNED 5-7-69		
22d. PHYSICIAN'S NAME (Type) Rex R. Martin, M.D.	22e. ADDRESS 220 N. Market St. Frederick, Md.						
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 5-10-1969	23c. NAME OF CEMETERY OR CREMATORIUM Mount Olivet Cemetery	23d. LOCATION (City or Town) Frederick, Frederick, Md.	(County) Frederick	(State) Md.		
24. FUNERAL DIRECTOR Robert E. Dailey, & Son	ADDRESS Frederick, Maryland	25a. REC'D BY REGISTRAR MAY 12 1969	25b. REGISTRAR'S SIGNATURE Robert E. Dailey				
VR A1 45M							



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or attending physician's director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)		First Eleanor	Middle Chiswell	Last Bourke	2a. DATE OF DEATH Month May	2b. HOUR Year 5 P.M.			
3 SEX Female		4 RACE White		5 DATE OF BIRTH Nov. 10-1881		6 AGE (in years last birthday) 87 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	
7a BIRTHPLACE (State or foreign country) Md.		7b CITIZEN OF WHAT COUNTRY? U.S.A.		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick			
10 CITY OR TOWN OF DEATH Frederick		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Home for the Aged			12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Homemaker			12b KIND OF BUSINESS OR INDUSTRY	
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.		13b COUNTY Frederick		13c CITY OR TOWN Frederick		13d. INSIDE CITY & MTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 634 Grant Place		
14. FATHER'S NAME First John		Middle A.	Last Chiswell	15. MOTHER'S MAIDEN NAME First Susan		Middle Gott	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown No		16b. SOCIAL SECURITY NO 219-20-2699		17. INFORMANT Frederick Records - Home for the Aged-115 Record St.		Address Md. 21701			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>acute influenza</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>severe influenza</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>severe influenza</i>									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY OFFICE BUILDING ETC.)		21f. LOCATION Street or RFD No		City or Town		County	State
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <i>Dr. James B. Thomas</i>		DEGREE ATTENDING PHYS	MED DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS <input type="checkbox"/>		22c. DATE SIGNED 5-30-1969				
22d. PHYSICIAN'S NAME (Type) Dr. James B. Thomas		22e. ADDRESS Prof. Bldg.-Frederick, Md. 21701							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 3-1969		23c. NAME OF CEMETERY OR CEMINATORY Monocacy Cemetery		23d. LOCATION (City or Town) Beallsville-Montgomery Md.		(County) (State)	
24. FUNERAL DIRECTOR Elwood T. M.R. Etchison & Son		ADDRESS Frederick, Md. 21701		25a. REC'D BY REGISTRAR DATE JUN 2 1969		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

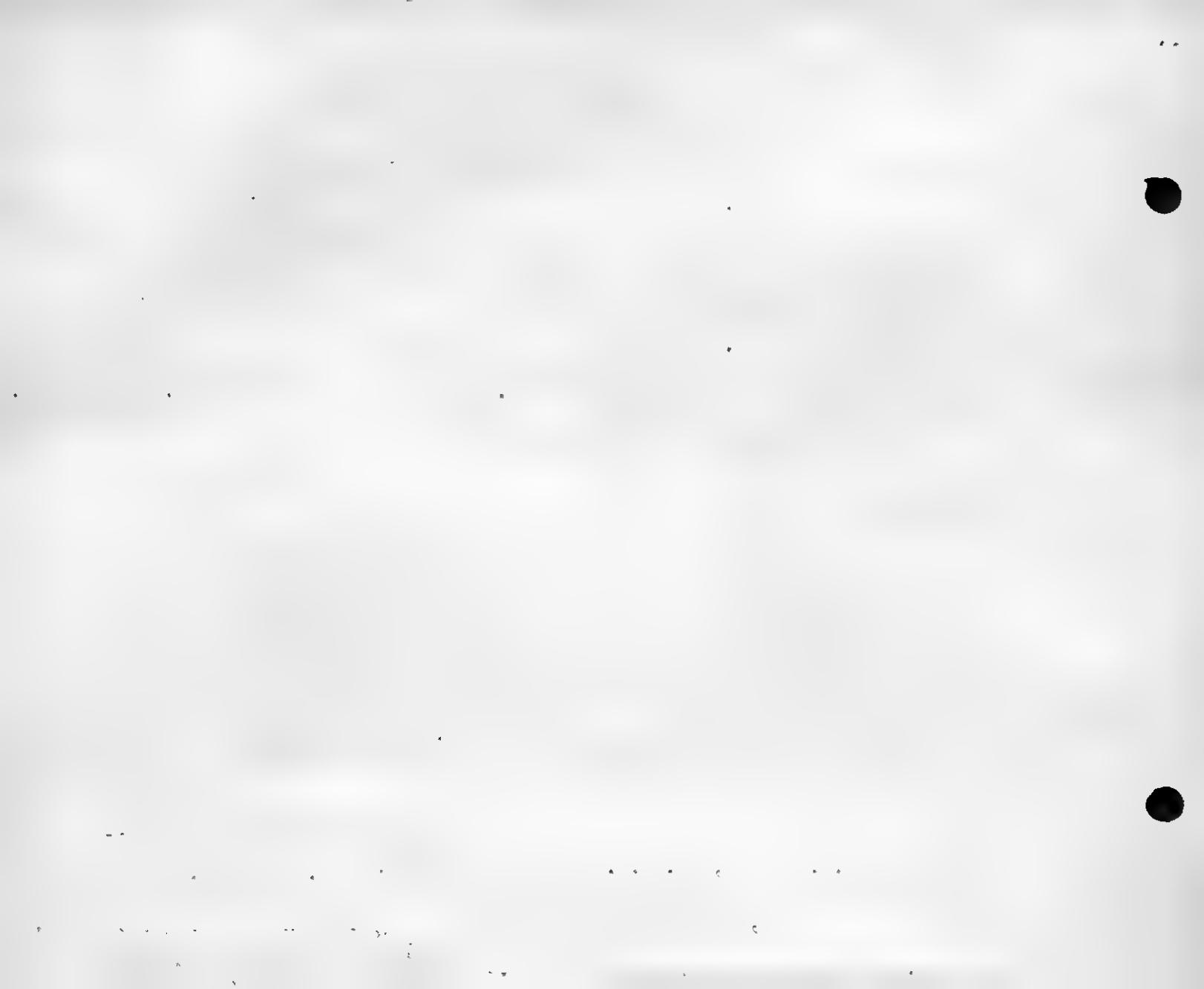
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the death.

1 DECEASED NAME (Type or print)		First PAULINE	Middle HAZEL	Last CRIST	2a. DATE OF DEATH Month May	2b. HOUR 9 A.M.				
3 SEX Female		4 RACE White	5 DATE OF BIRTH August 6, 1899		6. AGE (In years last birthday) 69	F UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	HOURS 0	MIN 0	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U. S. A.	B MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9 COUNTY OF DEATH Frederick					
10 CITY OR TOWN OF DEATH Frederick		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 107 Burke Street			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife					
13a. USJA. RESIDENCE (Where deceased lived, if institution. Residence before admission) Maryland		13b. COUNTY Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CTY LIM TS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 107 Burke Street					
14 FATHER'S NAME First John		Middle C.	Last Tracey	15. MOTHER'S MAIDEN NAME First Sarah	Middle Rickerds	Last 				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO 197 05 7022 B		17. INFORMANT E. Chester Crist, 107 Burke St. Frederick, Md.	Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cardiac arrest</i>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause CHF		DUE TO, OR AS A CONSEQUENCE OF RHD								
		DUE TO, OR AS A CONSEQUENCE OF (b)								
		DUE TO, OR AS A CONSEQUENCE OF (c)								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) CHF										
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No			City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from Tues. May 19, 69 , to May 18, 69 , that (I) (we) last saw the deceased alive on 3/1/69 19 69 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE A.A. Pearce, Jr. M.D.		DEGREE ATTENDING PHYS	MED DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED May 19, 1969					
22d. PHYSICIAN'S NAME (Type) A.A. Pearce, Jr. M.D.		22e. ADDRESS Toll House Ave. Frederick, Maryland								
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE May 21, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery			23d. LOCATION (City or Town) Frederick		(County) Frederick	(State) Md.	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.		ADDRESS Fidelity			25a. REC'D BY REG STAR MAY 21 1969	25b. REG STAR'S SIGNATURE Charles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper pages 1 and 2 and file with the State Dept. of Health prior to burial, cremation or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)		First JAMES	Middle JOSEPH	DELAZO Lost XXXXXX	20. DATE OF DEATH SR. 5 Month 31 Day 69 Year	2b. HOUR 2:36 PM
3 SEX male	4 RACE white	5 DATE OF BIRTH 3/19/15			6 AGE (In years last birthday) 54 YRS	F UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS HOURS MIN
7b. BIRTHPLACE (State or foreign country) Baltimore	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick			12b. KIND OF BUSINESS OR INDSTRY B & O R. R.
10 CITY OR TOWN OF DEATH Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial Hosp. Conductor			12a. USUAL OCCUPATION (Kind of work done during most of work no life even if retired) Conductor		
13a. RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.	13c. CTY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES	13e. STREET AND NUMBER 3408 Elmley Ave.			
14 FATHER'S NAME First NICHOLAS	Middle DELAZO	Lost	15 MOTHER'S MAIDEN NAME First ROSE D'ALESDANDRO			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes or No or Unknown yes	16b. SOCIAL SECURITY NO. W W 2 213-09-9441	17 INFORMANT Catherine Holland Delaro, wife, above	Address			
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) <i>Sudden myocardial infarction; acute</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>24 hours.</i>						
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause (c) (b) <i>Bilateral cerebral thromboembolism</i> ? weeks (c) <i>Myocardial infarction</i> 10 days						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)						
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death						
22b. SIGNATURE <i>James B. Thomas</i>		DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS	22c. DATE SIGNED <i>Frederick, Maryland 21701</i>	
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <i>James B. Thomas</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/4/69	23c. NAME OF CEMETERY OR CREMATORIAL New Cathedral Cem.	23d. LOCATION (CTY OR TOWN) Baltimore, Md.	(County)	(State)
24. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 3331 Brohms Lane				25a. REC'D BY REGISTRAR JUN 3 1969	25b. REG STRR'S SIGNATURE <i>O. Schimunek, George</i>	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First ALVA	Middle MARTIN	Last DINTERMAN	2a. DATE OF DEATH Month May	Day 21	Year 1969	2b. HOUR 1:30 A.M.			
3. SEX M	4. RACE W	5. DATE OF BIRTH Jan. 2, 1888		6. AGE (In years last birthday) 81		IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	IF UNDER 24 HRS HOURS 0	IF UNDER 24 HRS MIN 0	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick						
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial Hosp			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Clocksmith		12b. KIND OF BUSINESS OR INDSTRY own business			
13a. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE Maryland		13c. CITY OR TOWN Frederick Walkersville		13d. INSIDE CITY LIMITS? YES		13e. STREET AND NUMBER Maple Ave.				
14. FATHER'S NAME First Ezra	Middle Dinterman	15. MOTHER'S MAIDEN NAME First Middle Alice Bostian								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 218-12-1849A	17. INFORMANT Mrs. A. Ray Dinterman, Walkersville, Md.	Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1707 Bronchopneumonia		4 days								
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause Metastatic adenocarcinoma right femur, spreading site undetermined										
DUE TO, OR AS A CONSEQUENCE OF (b) (c)		1 year								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
Arterosclerosis, generalized										
19a. MEDICAL CERTIFICATION	19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>									
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>	21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County		State			
22a. I certify that (I) (this hospital) attended the deceased from SEP , 19 68 , to 5/21 , 19 69 , that (I) (we) last saw the deceased alive on 5/20 , 19 69 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE James E. Stoner, Jr.		22c. DEGREE MA	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 5/22/69				
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS JAMES E. STONER, JR.									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/23/69	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Hope	23d. LOCATION (City or Town) Woodstock	(County) Fred		(State) Md.				
24. FUNERAL DIRECTOR G. C. Barton, Walkersville, Md.	ADDRESS		25a. REC'D BY REGISTRAR MAY 26 1969	25b. REGISTRAR'S SIGNATURE William J. Barton						



HOSPITAL OR ATTENDING PHYSICIAN: This law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

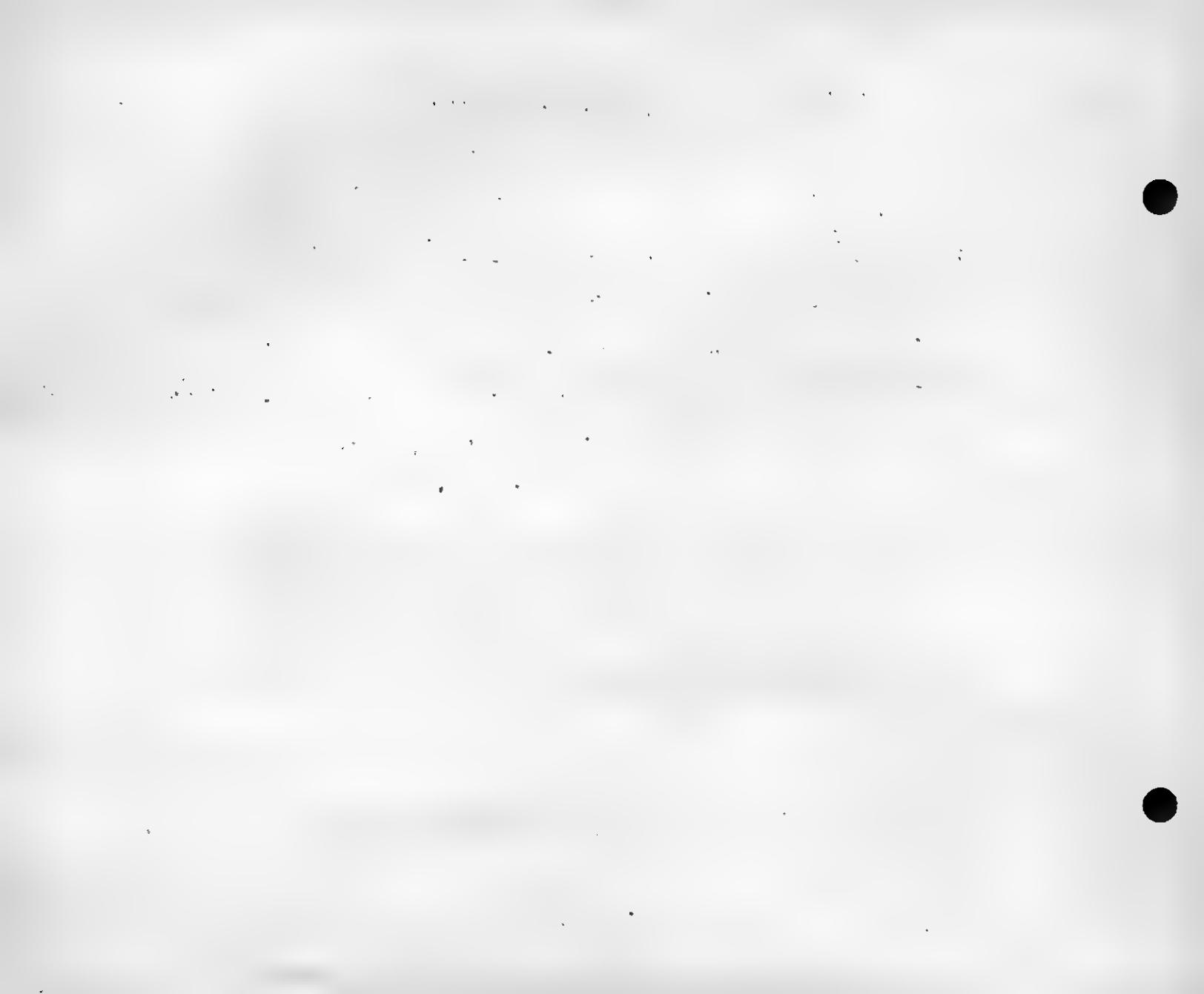
06882 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item 13 File #13 6/4/69 kk

CERTIFICATE OF DEATH

06880

1. DECEASED NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR AM PM 12:10 M
HARRY ELMER DINTERMAN				May 28 1969	
3. SEX	4. RACE	S. DATE OF BIRTH 9 ye street address	5. AGE (in years last birthday)	6. IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.	7. IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
M	W	July 11, 1880	88 yrs.		
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH		
Maryland	U.S.A.		Frederick		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital home during most of working life, even if retired)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY		
Frederick	Monocacy Hall Nursing	Barber	own business		
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER		
maryland	Frederick	Walkersville	29 W. Frederick Street		
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME	First Middle Last
George	B.	Dinterman	Annie M. Steel		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
No	219-54-0388	Mr. Paul A. Dinterman, Walkersville, Md.		1 month	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)					
PART 1. DEATH WAS CAUSED BY.					
. IMMEDIATE CAUSE (a) Cerebral thrombosis + infection					
DUE TO, OR AS A CONSEQUENCE OF					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.					
(b) Arteriosclerotic CVD					
DUE TO, OR AS A CONSEQUENCE OF					
(c)					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
MEDICAL CERTIFICATION		19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input checked="" type="checkbox"/> at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County State
22a. I certify that (I) (this hospital) attended the deceased from April, 1956, to 5/28, 1969, that (I) (we) last saw the deceased alive on 5/27, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE James E. Stoner Jr. MD		DEGREE ATTENDING PHYS <input checked="" type="checkbox"/> MED DIRECTOR <input type="checkbox"/> STAFF PHYS <input type="checkbox"/>	22c. DATE SIGNED 5/29/69		
22d. PHYSICIAN'S NAME (Type)		22e ADDRESS	WALKERSVILLE, MD 21793		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 5/31/69	23c. NAME OF CEMETERY OR CREMATORIAL Tut. Hope Cem.	23d. LOCATION (City or Town) Woodstock Fred. Md	(County) (State)
24. FUNERAL DIRECTOR		ADDRESS J.C. Barton, Walkersville, Md 21793	25a. REC'D BY REGISTRAR DATE JUN 2 1969	25b. REGISTRAR'S SIGNATURE Elmer, James	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

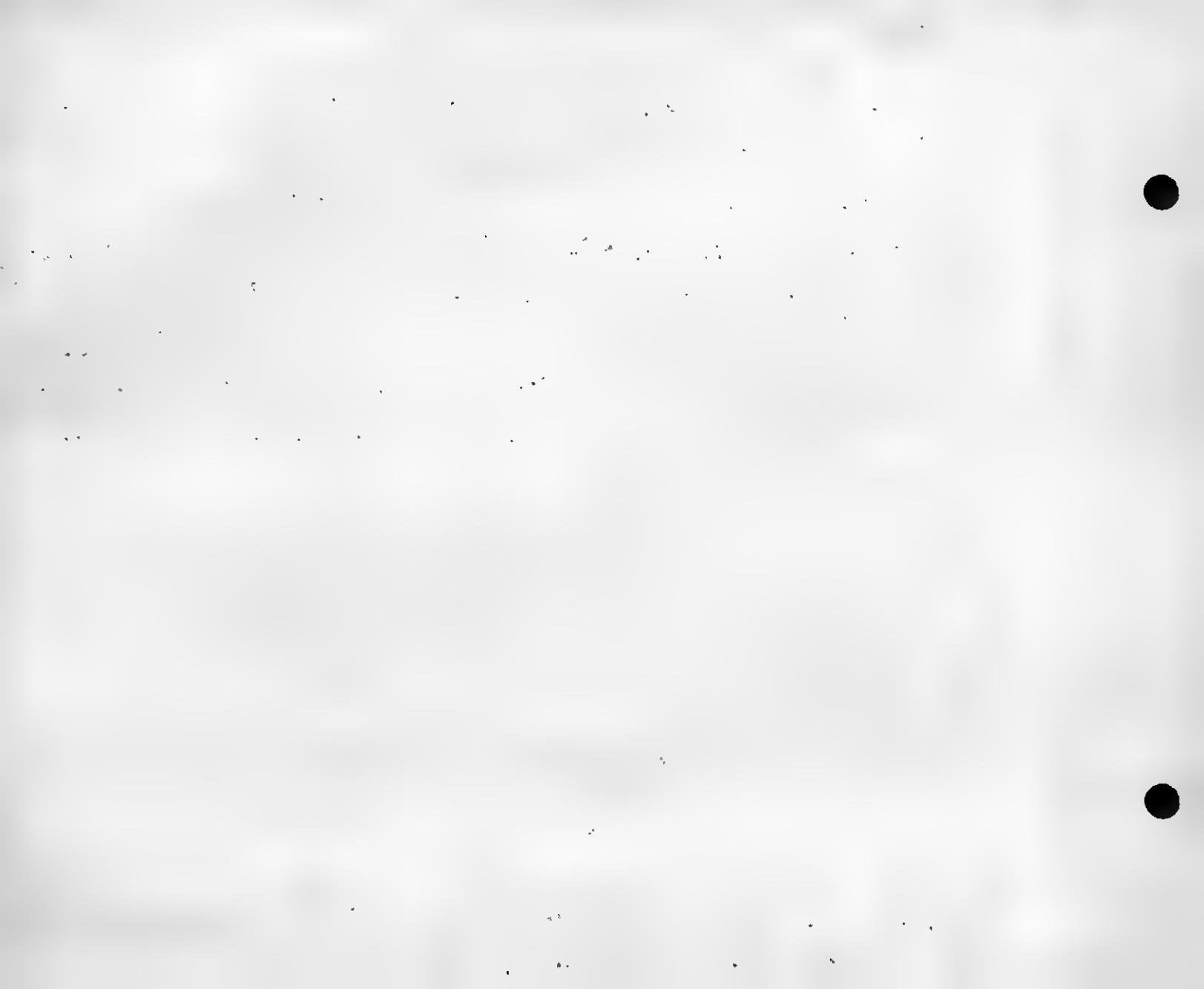
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CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper from pages 1 and 2 and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First MARY	Middle NAOMI	Last EYLER	2a. DATE OF DEATH Month May	Doy 9	Year 1969	2b. HOUR 4:00 A.M.						
3. SEX F	4. RACE W	5. DATE OF BIRTH Nov. 22, 1913			6. AGE (In years last birthday) 55	YEARS	7. IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	HOURS 0	MIN. 0			
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			9. COUNTY OF DEATH Frederick								
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial Hosp			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) operator			12b. KIND OF BUSINESS OR INDUSTRY Red Tailoring						
13a. USUAL RESIDENCE (Where deceased lived, if institution Residene before admission) STATE Maryland	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			13e. STREET AND NUMBER 17E. 9th St.,								
14. FATHER'S NAME First David	Middle W. Stetly	15. MOTHER'S MAIDEN NAME First Grace Anna Fernand			Middle Address			Last					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO 219-14-9184	17. INFORMANT Mr. William A. Eyler, 17E. 9th St. Fred.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1946				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)													
PART I. DEATH WAS CAUSED BY:													
IMMEDIATE CAUSE (a) Cirrhosis of liver													
DUE TO, OR AS A CONSEQUENCE OF													
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____													
DUE TO, OR AS A CONSEQUENCE OF (c) _____													
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
MEDICAL CERTIFICATION		19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
								<input type="checkbox"/> YES	<input type="checkbox"/> NO				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC)			21f. LOCATION Street or R.F.D. No.			City or Town		County	State		
22a. I certify that (I) (this hospital) attended the deceased from 6/10 , 19 67 , to 6/19 , 19 69 , that (I) (we) last saw the deceased alive on 6/10 , 19 67 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.													
22b. SIGNATURE William P. Thorne Jr.													
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS			22c. DATE SIGNED								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/12/69		23c. NAME OF CEMETERY OR CREMATORIAL Rocky Hill Cemetery			23d. LOCATION (City or Town) Dr. Woodsboro, Fred. Md.		(County)		(State)		
24. FUNERAL DIRECTOR J.C. Barton, Walkersville, Md. 21793		ADDRESS 110 Main Street, Walkersville, Md. 21793			25a. RECEIVED BY REGISTRAR DATE MAY 14 1969			25b. REGISTRAR'S SIGNATURE J.C. Barton, Fred. Md.					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

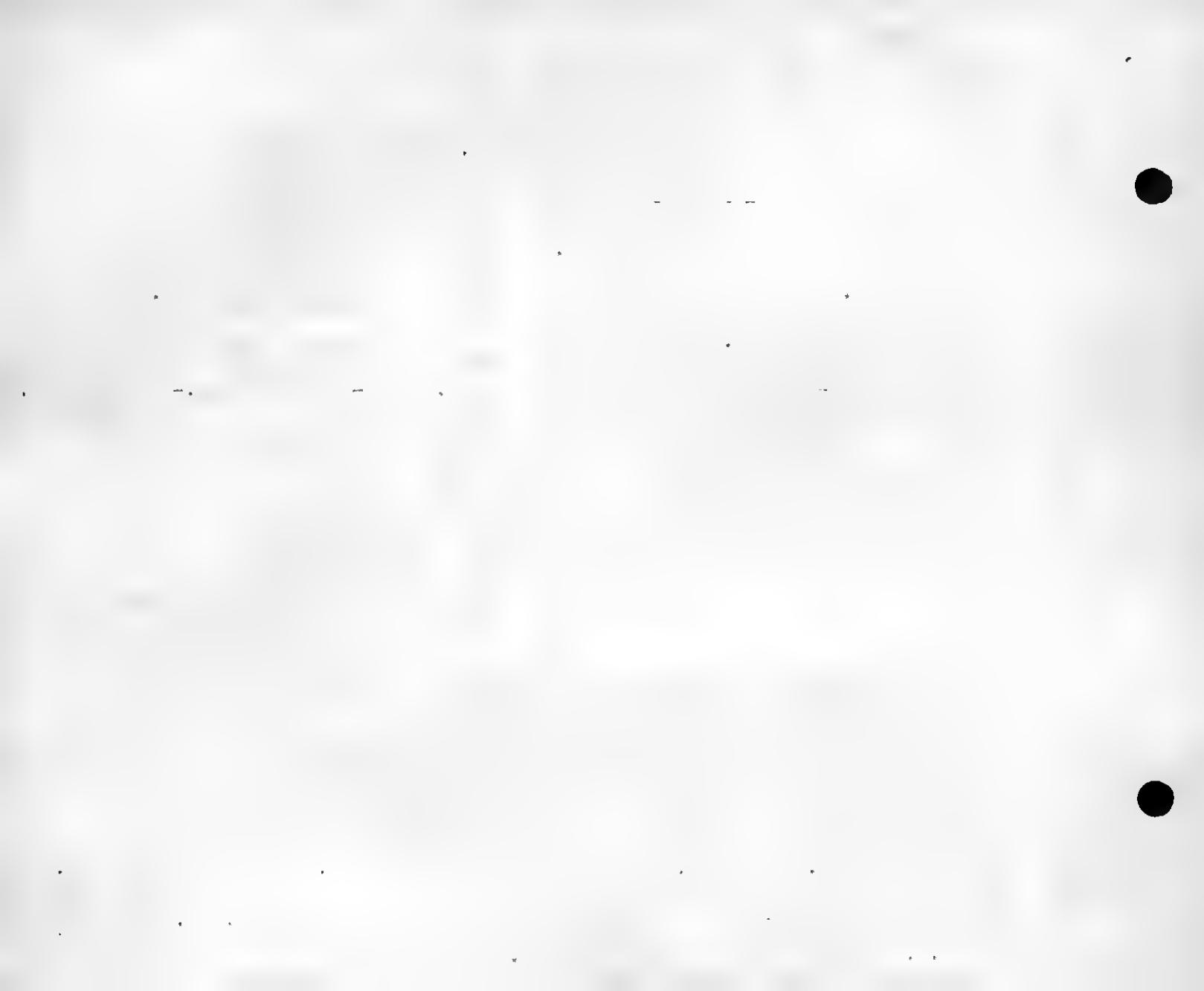
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1 DECEASED NAME (Type or print)	First Holly	Middle Sue	Last Fogle	2a. DATE OF DEATH Month May Day 1 Year 69	2b. HOUR 6:30 AM
3 SEX Female	4. RACE White	5. DATE OF BIRTH Apr. 30-1969		6. AGE (in years last birthday) — yrs.	If Under 1 Year MONTHS — DAYS 9 HOURS — MIN —
7a. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? _____	8 MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9 COUNTY OF DEATH Frederick		12b. KIND OF BUSINESS OR INDUSTRY _____
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) Frederick Mem. Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) _____	
13a. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) STATE Md.	13b. COUNTY Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 614 Trail Ave.	
14. FATHER'S NAME First Norman	Middle W.	Last Fogle	15. MOTHER'S MAIDEN NAME First Janet	Middle Ruth	Last Clingan
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes	16b. SOCIAL SECURITY NO _____	17. INFORMANT Address Norman W. Fogle - 614 Trail Ave. - Frederick - Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory distress syndrome APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 7762 (b) _____ DOUE TO, OR AS A CONSEQUENCE OF (c) _____ DOUE TO, OR AS A CONSEQUENCE OF _____					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State			
22a. I certify that (I) (this hospital) attended the deceased from Apr. 30 , 19 69 , to May 1 , 19 69 , that (I) (we) last saw the deceased alive on Apr. 30 , 19 69 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (do not) view the body after death					
22b. SIGNATURE Charles E. Wright		DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED. DIRECTOR	STAFF PHYS	22c. DATE SIGNED May 1-1969
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS Frederick Med. Center-Frederick, Md.				
23c. BURIAL CREMATION REMOVAL (Specify) Burial	23e. DATE May 2-1969	23c. NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	23d. LOCATION (City or Town) Frederick, Md. 21701	(County) Frederick	(State) Md.
24. FUNERAL DIRECTOR Elwood T. M.R. Etchison & Son	ADDRESS Whitmore Frederick, Md. 21701	25a. REC'D BY REGISTRAR DATE MAY 5 1969	25b. REGISTRAR'S SIGNATURE Charles Wright		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

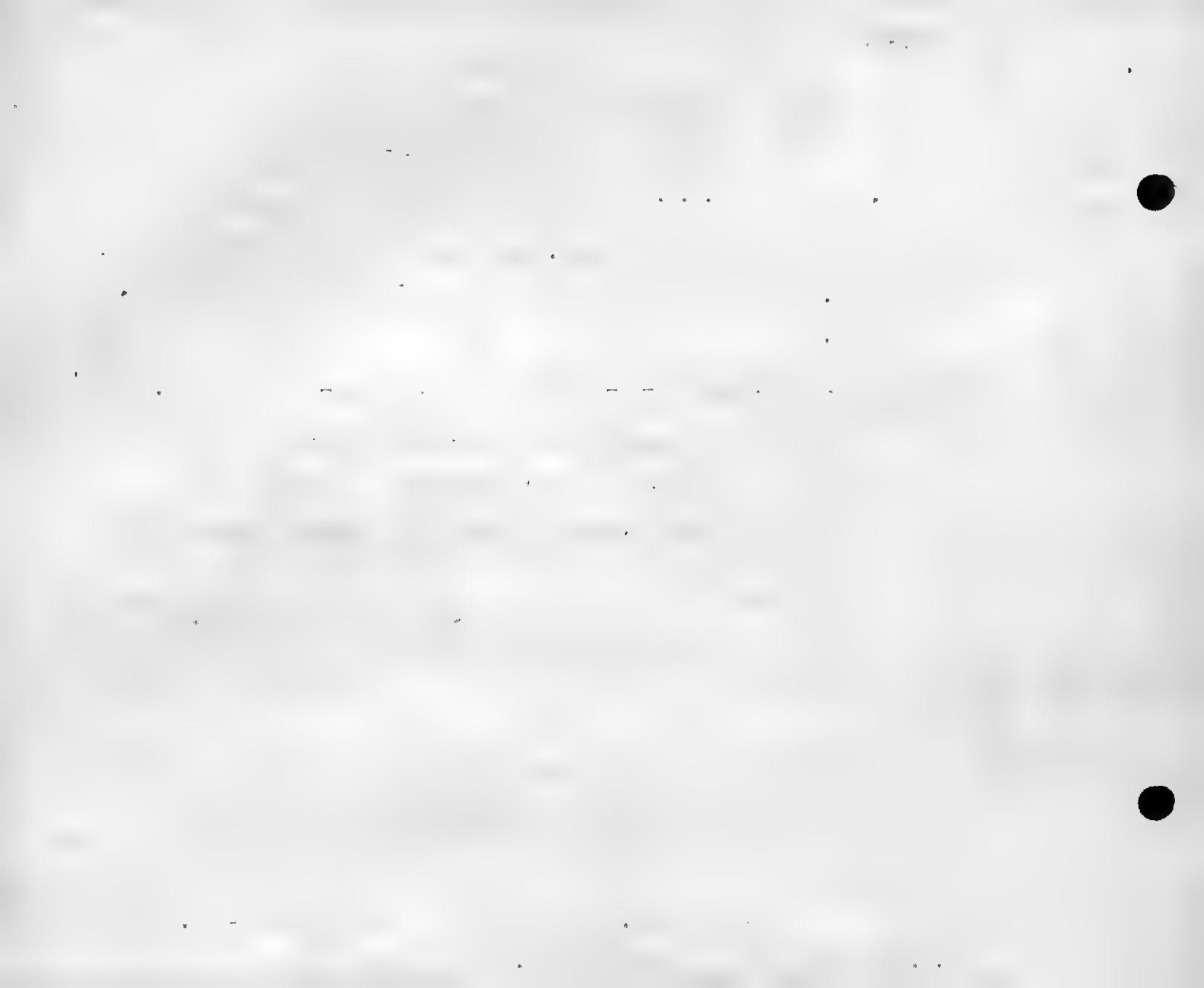
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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician or director, page 3 should be detached for use as a burial permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	First Ivy	Middle Virginia	Last Foland	2a DATE OF DEATH May 29 Day 69 Year	2b HOUR 6 p.m.				
3 SEX Female	4 RACE White	5 DATE OF BIRTH April 14- 1890		6 AGE (In years last birthday) 79 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN			
7a BIRTHPLACE (State or foreign country) Md.	7b CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Frederick						
10 CITY OR TOWN OF DEATH Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hospital		12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Homemaker		12b KIND OF BUSINESS OR INDUSTRY				
13a USUAL RESIDENCE (Where deceased lived if institution residence before admission) STATE Md.	13b COUNTY Frederick	13c CITY OR TOWN Frederick	13d INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e STREET AND NUMBER 304 College Ave.					
14 FATHER'S NAME First Wm.	Middle Rickerds	15 MOTHER'S MAIDEN NAME First Emma	Middle Lerch						
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b SOCIAL SECURITY NO (If yes give war or dates of service) 219-54-0222	17 INFORMANT Austin F. Foland- 290 Dill Ave. Frederick-	Address Md.						
18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART FAILURE</u>							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
DUE TO, OR AS A CONSEQUENCE OF (b) <u>RECENT MYOCARDIAL INFARCT</u>									
DUE TO, OR AS A CONSEQUENCE OF (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home farm, street, factory) (off ce building etc)	21f LOCATION Street or R.F.D. No	City or Town		County	State		
22a. I certify that (I) (this hospital) attended the deceased from <u>Sept 17, 1967</u> , to <u>May 26, 1968</u> , that (I) (we) last saw the deceased alive on <u>May 29, 1968</u> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b SIGNATURE <u>Thomas Stone</u>		DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR <input type="checkbox"/> STAFF PHYS.	22c DATE SIGNED <u>5-29-68</u>					
22d. PHYSICIAN'S NAME (Type) Thomas STONE		22e. ADDRESS <u>Frederick Md.</u>							
23a BURIAL, CREMATION, REMOVAL (Specify) Burial	23b DATE June 2-1969	23c NAME OF CEMETERY OR CREMATORIUM Mt. Olivet Cemetery	23d LOCATION (City or Town) Frederick- Md. 21701	(County)	(State)				
24 FUNERAL DIRECTOR Elwood T. H.R. Etchison & Son	ADDRESS Frederick, Md. 21701	25a REC'D BY REGISTRAR JUN 2 1968	25b REGISTRAR'S SIGNATURE <u>Elwood T. Etchison</u>						



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

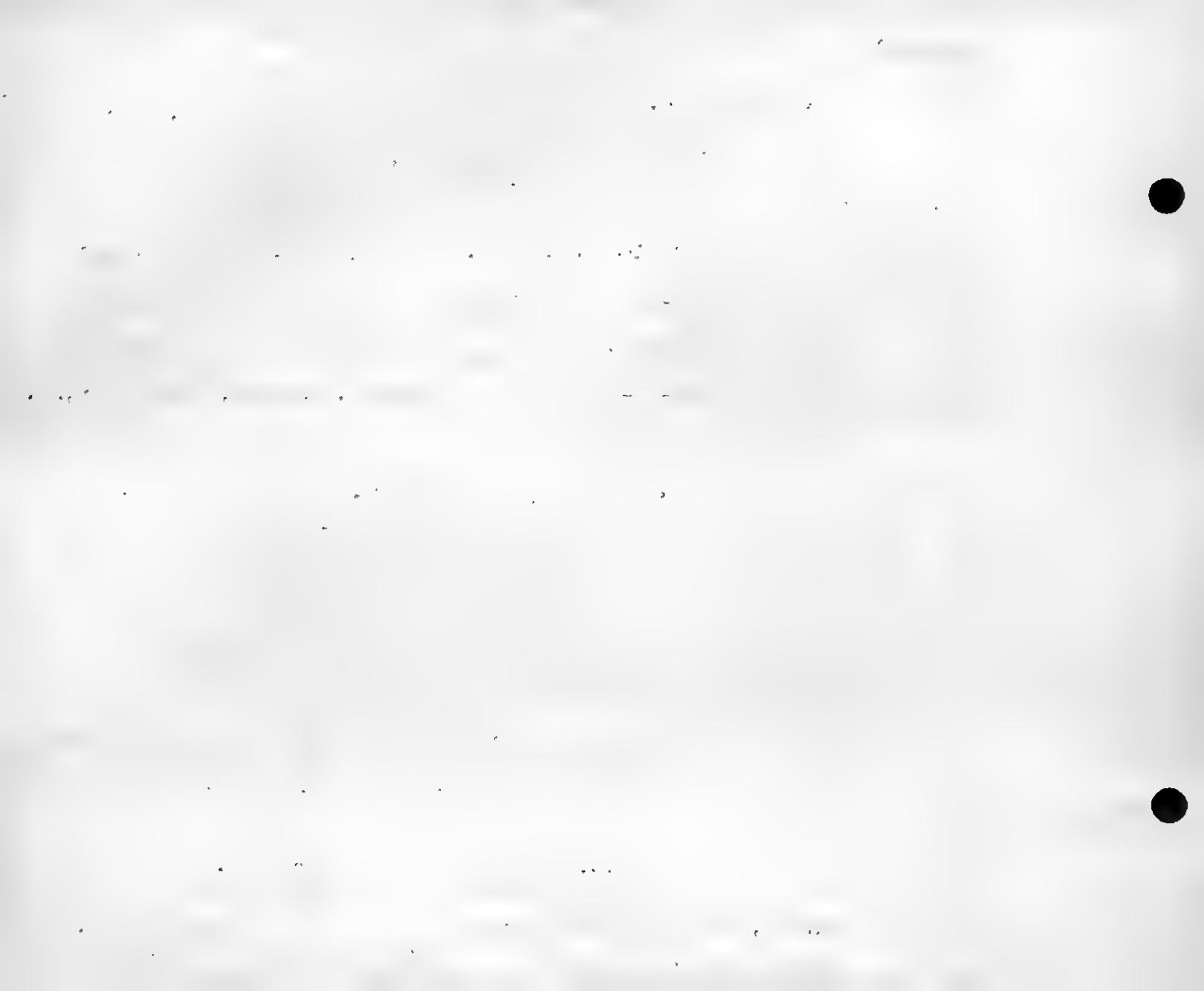
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1. DECEASED NAME (Type or print)		First Walter	Middle J.	Last Fossett	2a. DATE OF DEATH Month May	Day 21	Year 1969	2b. HOUR 8:30 AM				
3. SEX Male		4. RACE Negro		5. DATE OF BIRTH April 28, 1875		6. AGE (in years last birthday) 94 yrs.		IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. MONTHS 0	HOURS 0	MIN 0	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick						
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hosp.				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Custodian				12b. KIND OF BUSINESS OR IND. STRY School		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Reside before admission) Maryland		13b. COUNTY Frederick		13c. CITY OR TOWN New Market		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER				
14. FATHER'S NAME Joseph		First Fossett	Middle 	Last 	15. MOTHER'S MAIDEN NAME First Eliza		Middle 	Last Davis				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO (If yes give war or dates of service) 214-34-1140		17. INFORMANT Mrs Alverta E. Fossett, New Market, Md.		Address						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Recurrent cerebral vascular thrombosis										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 days		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		DUE TO, OR AS A CONSEQUENCE OF (b) Advanced generalized arteriosclerosis								10-15 yrs		
		DUE TO, OR AS A CONSEQUENCE OF (c) _____										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No		City or Town		County		State		
22a. I certify that (I) (this hospital) attended the deceased from APR 15, 1956 , to MAY 21, 1969 , that (I) (we) last saw the deceased alive on MAY 21, 1969 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. (pronounced dead by Dr. N. Foriss)												
22b. SIGNATURE Ralph L. Michels, M.D.		DEGREE MD		ATTENDING PHYS <input checked="" type="checkbox"/>		MED DIRECTOR <input type="checkbox"/>		STAFF PHYS <input type="checkbox"/>		22c. DATE SIGNED 5-23-69		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Frederick, Md.										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 24, 1969		23c. NAME OF CEMETERY OR CREMATORIAL Dorsey Chapel		23d. LOCATION (City or Town) New London, Md.		(County)		(State)		
24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md.		ADDRESS				25a. REC'D BY REGISTRAR Judge		25b. REGISTRAR'S SIGNATURE Judge				
						DATE MAY 26 1969						



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06887

06885

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR 6:40 P			
George			F.	Grove		5	30	69				
3. SEX		4. RACE		S. DATE OF BIRTH			6. AGE (In years last birthday)					
male		caucasion		3/29/02			67 yrs					
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARR ED <input type="checkbox"/>		9. COUNTY OF DEATH						
Maryland		U.S.A.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		Frederick						
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY			
Frederick			Frederick Nursing Center			Salesman						
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE			13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER					
Maryland			Frederick		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		123 East Fourth Street					
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME			First	Middle	Last	
Wm.			F.	Grove		Mora					Phoebe	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No, or Unknown)			16b. SOCIAL SECURITY NO		17. INFORMANT			Frederick Address			Md. 21701	
Yes			WWar 1		215-03-3397-A			Mrs. Marguerite Appleby Grove-			123 E. 4th St.	
18. CAUSE OF DEATH (Enter on a line cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <i>Pneumonia, left lung, etiology</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>unknown</i> DUE TO, OR AS A CONSEQUENCE OF (c)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>3 mo.</i>
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Rheumatoid arthritis</i>												
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION		19c. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY (OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
22a. I certify that (I) (this hospital) attended the deceased from <i>Feb 7, 1969</i> , to <i>May 30, 1969</i> , that (I) (we) last saw the deceased alive on <i>May 30, 1969</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE <i>Henry V. Chase</i>		22c. DEGREE		ATTENDING PHYS.		MED. DIRECTOR <input checked="" type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		DATE SIGNED <i>May 31-1969</i>		
22d. PHYSICIAN'S NAME (Type)		Dr. H.V. Chase		22e. ADDRESS 804 Toll House Ave. Frederick, Md.								
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE June 2-1969		23c. NAME OF CEMETERY OR CREMATORIAL Mt. Olivet Cemetery			23d. LOCATION (City or Town) Frederick, Md. 21701		(County)		(State)	
24. FUNERAL DIRECTOR M.R. Etchison & Son		ADDRESS Frederick, Md. 21701		25a. REC'D. BY REGISTRAR JUN 2 1969			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06888

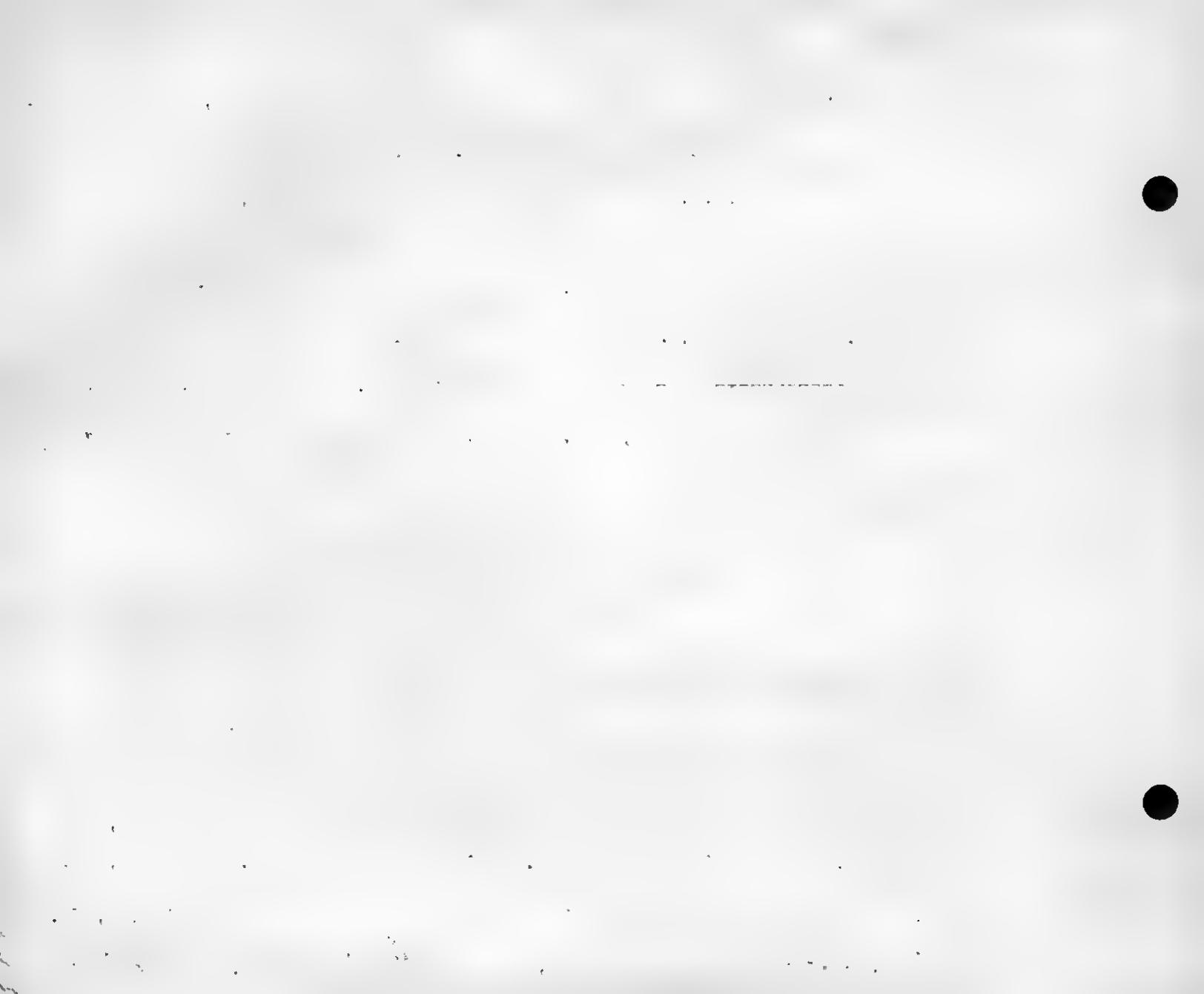
CERTIFICATE OF DEATH

06886

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to a burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First CONSTANCE	Middle HARDING	Last 	2a. DATE OF DEATH Month May	2b. HOUR Year 21, 1969	
3. SEX Female	4 RACE Caucasian	S. DATE OF BIRTH April 26, 1890	6. AGE (In years lost/birthday) 79	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS 8 a. m.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick,			
10. CITY OR TOWN OF DEATH Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Nursing Center	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) None	12b. KIND OF BUSINESS OR INDUSTRY None			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Frederick	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 19 West 2nd Street		
14. FATHER'S NAME First Rev. John	Middle B. Harding	Last	15. MOTHER'S MAIDEN NAME First Anna	Middle Mary	Last Trail	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO 200-44-4524	17. INFORMANT Miss Anna Trail Harding	Address 19 W. 2nd St. Fred. Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Cerebral vascular accident DUE TO, OR AS A CONSEQUENCE OF 4369 Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause</u> last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)						
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from 1965 , to 5/21, 1969 , that (I) (we) last saw the deceased alive on 3/26 1967 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE James B. Thomas, MD		DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS <input type="checkbox"/>	22c. DATE SIGNED May 21, 1969
22d. PHYSICIAN'S NAME (Type) Dr. James B. Thomas		22e. ADDRESS 228 North Market St. Frederick, Md.				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-23-1969	23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	23d. LOCATION (City or Town) Frederick, Frederick, Md.	(County) Frederick	(State) Frederick, Md.	
24. FUNERAL DIRECTOR Robert E. Dailey & Son	ADDRESS Frederick, Maryland	25a. RECD BY REGISTRAR Charles J. George	25b. REGISTRAR'S SIGNATURE Charles J. George			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06887

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06889		DATE OF DEATH Month: 5 Month: 4 Day: 1969 Year: 1969					26 HOUR 11:40 P M	
1 DECEASED-NAME (Type or print)		First	Middle	Last	20 DATE OF DEATH			
CHARLES Edward				HEIM	Month: 5	Month: 4	Day: 1969	Year: 1969
3 SEX		4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR		
m		CAUCASIAN	11/28/178		90 YRS	MONTHS	DAYS	HOURS MIN.
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		9. COUNTY OF DEATH			
MARYLAND		U.S.A.	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		FREDERICK Co.			
10 CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp.tol give street address)			20. S.D.A. OCCUPATION (Kind of work done during most of working life, even if retired.)			12b KIND OF BUSINESS OR INDUSTRY
FREDERICK		FREDERICK CONV. & NURSING CENTER						Md.
13a. USUAL RESIDENCE (Where deceased lived, if institut.on Residenc before admission) STATE		13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CTY LIMITS?	13e. STREET AND NUMBER			
M D.		THURMONT	YES <input type="checkbox"/> NO <input type="checkbox"/>	RT #1, KELLY'S STORE RD.				
14 FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last
George M. Heim					Victoria Gungle			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? No <small>(If yes give war or dates of service)</small>		16b. SOCIAL SECURITY NO 217-12-1946A		17 INFORMANT	Address			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
				Melvin E. Heim	Frederick, 913 Seminole Rd.			1 mo
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Congestive heart failure</i> 1 mo Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause <small>lost,</small> <i>Alzheimer's disease</i> years DUE TO, OR AS A CONSEQUENCE OF (b) <i>Alzheimer's disease</i> years DUE TO, OR AS A CONSEQUENCE OF (c)</p>								
<p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Congestive heart failure</i></p>								
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION		19c. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
					YES <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <small>OR CONTRIBUTING</small> <input type="checkbox"/> CAUSE OF DEATH <small>If either, notify medical examiner</small>		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No	City or Town	County	State	
<p>22a. I certify that (I) (this hospital) attended the deceased from Feb-5, 1969 to May 4, 1969, that (I) (we) last saw the deceased alive on May 4, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death</p>								
22b. SIGNATURE <i>Henry V. Chase</i>		DEGREE	ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS	22c. DATE SIGNED 5/5/69		
22d. PHYSICIAN'S NAME (Type) Henry V. Chase		22e. ADDRESS 8047011 House Frederick, Md.						
23a. BURIAL, CREMATION, REMOVAL(Specify) Burial		23b. DATE 5-7-69	23c. NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery	23d. LOCATION (City or Town) Middletown		<small>(County)</small>	<small>(State)</small>	
24. FUNERAL DIRECTOR Raymond E. Creager		ADDRESS Thurmont, Md.	25a. RECEIVED BY REGISTRAR DATE MAY 8 1969		25b. REGISTRAR'S SIGNATURE <i>Raymond E. Creager</i>			



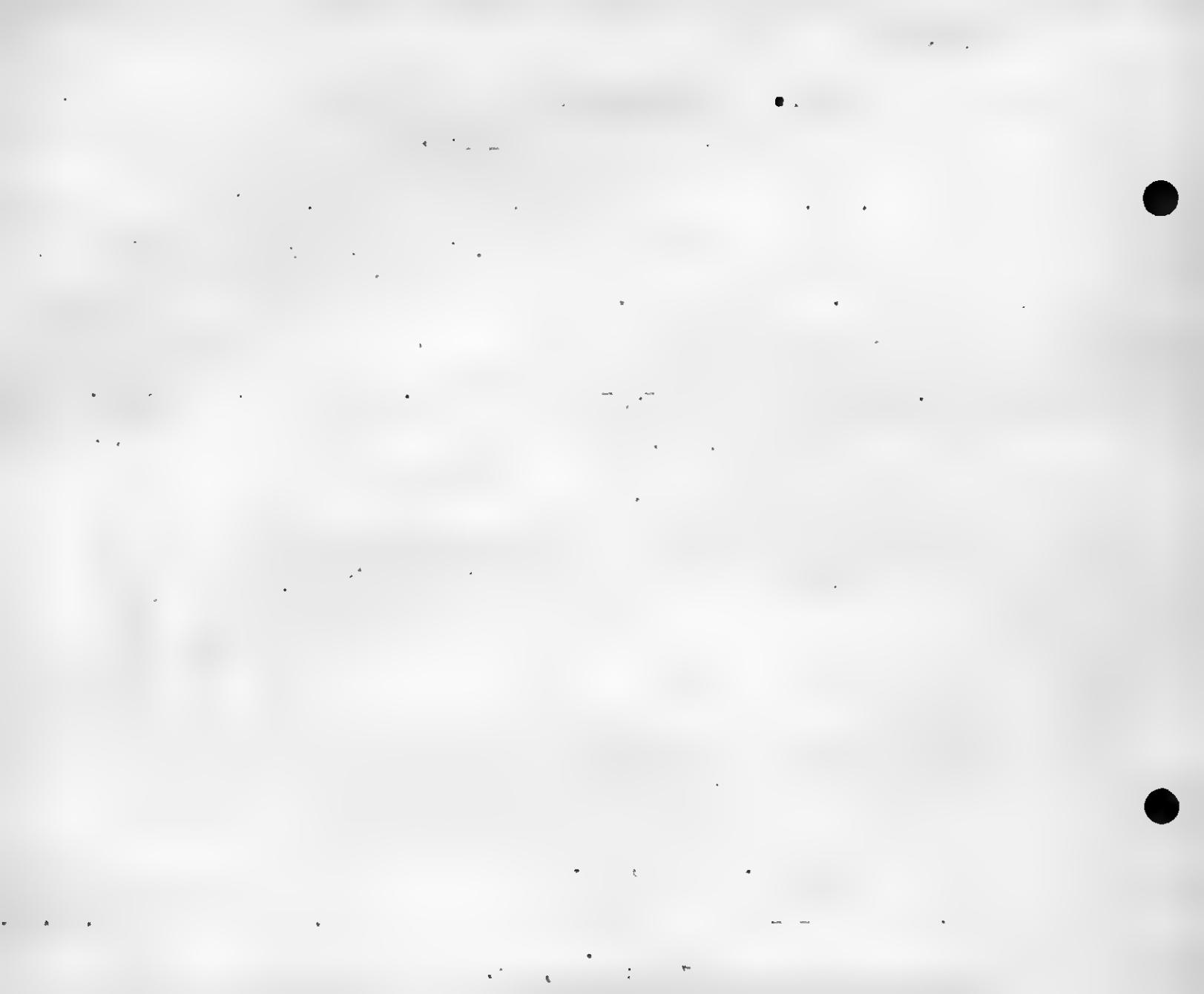
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

06888

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1. DECEASED NAME (Type or print)			First	Middle	Last	2. DATE OF DEATH	May Month 6 Day 1969	2b. HOUR 5:35 AM
Lorenzo Cameron Hill						6. AGE (In years last birthday)	89 yrs.	4E JMDER 1 YEAR MONTHS DAYS HOURS MIN.
3. SEX		4 RACE	S. DATE OF BIRTH		4-3-1880			
male		white						
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED		NEVER MARRIED	9. COUNTY OF DEATH		
Fred. Co.		USA	<input type="checkbox"/> WIDOWED		<input checked="" type="checkbox"/> DIVORCED	Frederick		
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		
Frederick			Monocacy Hall Nurs. Home			Farmer		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
Md.			Fred.		Thurmont	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	rural
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME		
John Henry Hill						Elizabeth Leatherman		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.		17. INFORMANT	Address		
No.			215-20-9357T		Earl L. Hill	Frederick, Md. RD 3		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Pneumonia</u> <u>4124</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Arterio sclerotic CVD</u> DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 days 15 years								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>Cerebral artery sclerosis & old cerebral thrombosis</u>								
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION	19c. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
						YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.			City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>January, 1960</u> , to <u>5/6, 1969</u> , that (I) (we) last saw the deceased alive on <u>5/5</u> 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <u>James E. Stoner Jr.</u> MD DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22c. DATE SIGNED <u>5/6/69</u>								
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <u>Walkersville md</u>						
James E. Stoner, Jr.								
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 5-8-69	23c. NAME OF CEMETERY OR CREMATORIAL Utica Cemetery		23d. LOCATION (City or Town) Nr. Frederick Fred. Co. Md.		(County)	(State)
Burial								
24. FUNERAL DIRECTOR		ADDRESS Raymond E. Creager Thurmont, Md.			25a. REC'D BY REGISTRAR MAY 8 1969	25b. REGISTRAR'S SIGNATURE <u>Raymond E. Creager</u>		
Raymond E. Creager								



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06889

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1. DECEASED NAME (Type or print)	First Mary	Middle Grace	Last House	2a. DATE OF DEATH Month May	2b. HOUR 12:05 P.M.				
3. SEX Female	4. RACE White	5. DATE OF BIRTH Dec. 31, 1898		6. AGE (In years last birthday) 70 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.			
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Frederick						
10. CITY OR TOWN OF DEATH Middletown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Broad St.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife	12b. KIND OF BUSINESS OR INDUSTRY Own home					
13a. U.S.A. RESIDENCE (Where deceased lived, if institution residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Middletown	13d. INSIDE CTY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER Broad St.					
14. FATHER'S NAME Frank	Middle Lewis	Last Baker	15. MOTHER'S MAIDEN NAME Anna	16. SOCIAL SECURITY NO 217-10-94053	17. INFORMANT Mrs. Mary C. Willard	Address 524 Grant Pl. Fred., Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF Cerebral Hemorrhage Arterio-Sclerosis (c) DUE TO, OR AS A CONSEQUENCE OF				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 mo					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No	City or Town	County	State			
22a. I certify that (I) (this hospital) attended the deceased from Oct 1968, to May 19, 1969, that (I) (we) last saw the deceased alive on 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							22c. DATE SIGNED 5-21-69		
22b. SIGNATURE Elmer Harp		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS.					
22d. PHYSICIAN'S NAME (Type) J. Elmer Harp M.D.		22e. ADDRESS Middletown, Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 22, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Lutheran Cemetery	23d. LOCATION (City or Town) Middletown	(County) Fred.	(State) Md.				
24. FUNERAL DIRECTOR Gladhill Company	ADDRESS Middletown, Md.	25a. REC'D BY REGISTRAR MAY 22 1969	25b. REGISTRAR'S SIGNATURE Charles Judge						

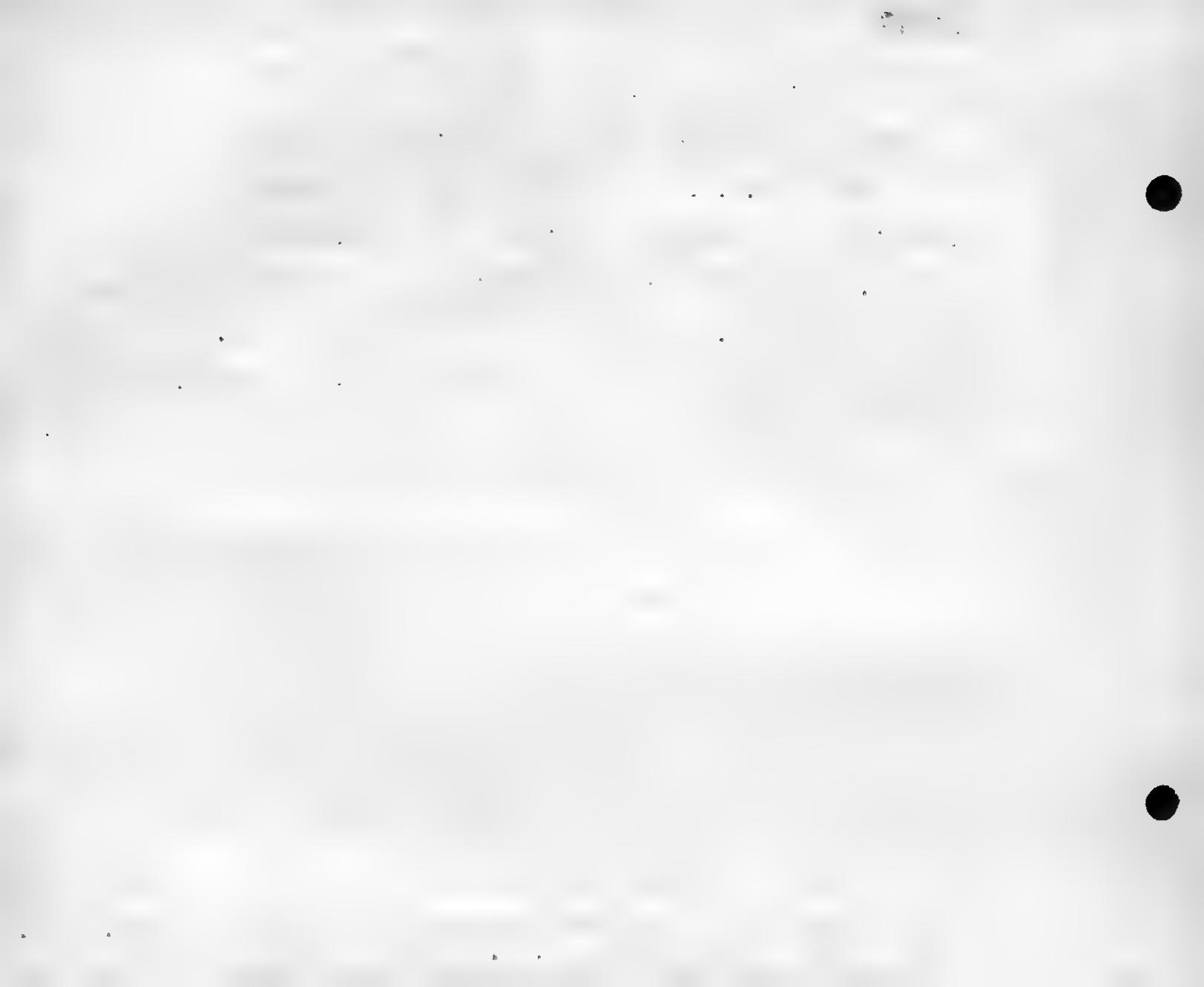


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06890

1. DECEASED-NAME (Type or print) First Jessie Middle Maude Last Howard				2d. DATE OF DEATH Month 5 Day 14 Year 69		2b. HOUR 2b. HOUR	
3. SEX Female		4 RACE White		5. DATE OF BIRTH 1/12/82		6. AGE (in years of birthday) 39 YRS.	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		9. COUNTY OF DEATH Frederick	
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 9. Montevue Infirmary)		12a. OCCUPATION (Kind of work done during death even if retired) Housewife		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.		13b. COUNTY Frederick Brunswick		13c. CITY OR TOWN Frederick Brunswick		13d. INSIDE CITY LIMIT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
14. FATHER'S NAME First John Middle R. Last Bond		15. MOTHER'S MAIDEN NAME First Mary Middle A. Last Bissett					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO		17. INFORMANT Alfred Howard - Brunswick, Maryland		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)		DUE TO, OR AS A CONSEQUENCE OF (b)		DUE TO, OR AS A CONSEQUENCE OF (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause Stroke							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from _____, 19_____, to _____, 19_____, that (I) (we) last saw the deceased alive on _____, 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>Alfred T. Bond Jr.</i>		DEGREE	ATTENDING PHYS	<input type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS	22c. DATE SIGNED 5/16/69	
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/17/69		23c. NAME OF CEMETERY OR CREMATORIAL Reformed Cemetery		23d. LOCATION (City or Town) Knoxville	
24. FUNERAL DIRECTOR Fleete Funeral Home-Brunswick, Md.		ADDRESS		25d. RECD BY REG STRR MAY 19 1969		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of death.

06893

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06891

1 DECEASED NAME (Type or print)	First <i>Walter</i>	Middle <i>Kelly</i>	Last <i>Jackson</i>	2a DATE OF DEATH Month <i>May</i>	Day <i>22</i>	Year <i>1969</i>	2b. HOUR P <i>8:40</i>				
3. SEX Male	4. RACE White	5. DATE OF BIRTH March 26, 1901			6 AGE (in years last birthday 68) YRS	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS DAYS 0	HOURS 0	MIN 0		
7d. BIRTHPLACE (State or foreign country) Virginia	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Frederick								
10. CITY OR TOWN OF DEATH Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hospital			12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Farming	12b KIND OF BUSINESS OR INDUSTRY						
13a OSJAL RESIDENCE (Where deceased lived, if inst. on Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Unionville	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER							
14 FATHER'S NAME First James	Middle Jackson	15. MOTHER'S MAIDEN NAME First Mary	Middle Green								
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 236-22-7506A	17. INFORMANT Mrs Elizabeth Lawson, Lewisdale, Md.	Address								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Infarction of brain</i> 4339 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause Stroke lost (b) <i>Cerebral Thrombosis</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>Generalized atherosclerosis</i>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 days			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Diabetes mellitus</i>								7 days year			
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, not by medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No	City of Town		County	State				
22a. I certify that (I) (this hospital) attended the deceased from May 17, 1969 , to May 23, 1969 , that (I) (we) last saw the deceased alive on May 22, 1969 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <i>Henry V. Chase M.D.</i>		22c. DEGREE DEGREE <input type="checkbox"/> ATTENDING PHYS <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS	22c. DATE SIGNED May 22, 1969								
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Henry V. Chase 804 Toll House Ave Frederick Md									
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE May 26, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Pine Grove	23d. LOCATION (City or Town) (County) (State)							
24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md.		ADDRESS	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE							
			DATE MAY 28 1969								



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by me funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

06894

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06892

1 DECEASED NAME (Type or print)	First ALVIN	Middle W.	Last MANSFIELD	2d. DATE OF DEATH May Month 2 Day 69 Year	2b. HOUR 9:45 AM	
3. SEX Male	4. RACE White	5. DATE OF BIRTH April 11, 1917		6. AGE (in years lost birthday) 57	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Martinsburg W. Va.	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8 MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9 COUNTY OF DEATH Frederick			
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Laborer		12b. KIND OF BUSINESS OR INDUSTRY Junk Co.	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY DR TOWN Frederick	13d. INS. DE. CITY. J.M.T.S? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER Hillside Apt. Water St.		
14. FATHER'S NAME First Newton	Middle Mansfield	Last	15. MOTHER'S MAIDEN NAME First Flora	Middle Ann	Last Luttrell	Address
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown Yes	16b. SOCIAL SECURITY NO. W.W. #2	16c. INFORMANT Mrs. Mary Hurst, 161 B & O Ave, Frederick, Md.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 year			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Oncocytic Genic Carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). (b) stating the underlying cause lost (c)						
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Congestive heart failure 2° to Arteriosclerosis						
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR AM Month Day Year PM 19	21c. HDW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)				
21d. INJURY OCCURRED While at work Not while at work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State	
22a. I certify that (I) (this hospital) attended the deceased from 22 April, 1969, to 2 May, 1969 , that (I) (we) last saw the deceased alive on 2 May, 1969 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE George I. Smith Jr.	DEGREE MD.	ATTENDING PHYS DIRECTOR	STAFF PHYS PHYS	22c. DATE SIGNED 2 May 1969		
22d. PHYSICIAN'S NAME (Type) George I. Smith, Jr. M. D.	22e. ADDRESS Toll House Ave. Frederick, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 5, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	23d. LOCATION (City or Town) Frederick	(County) Frederick	(State) Md.	
24. FUNERAL DIRECTOR Donald M. Etchison	ADDRESS M. R. Etchison & Son, Frederick, Maryland	25a. RECD BY REGISTRAR Charles Judson	25b. REGISTRAR'S SIGNATURE Charles Judson	DATE MAY 6 1969		
VR A15 45M - 1						



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

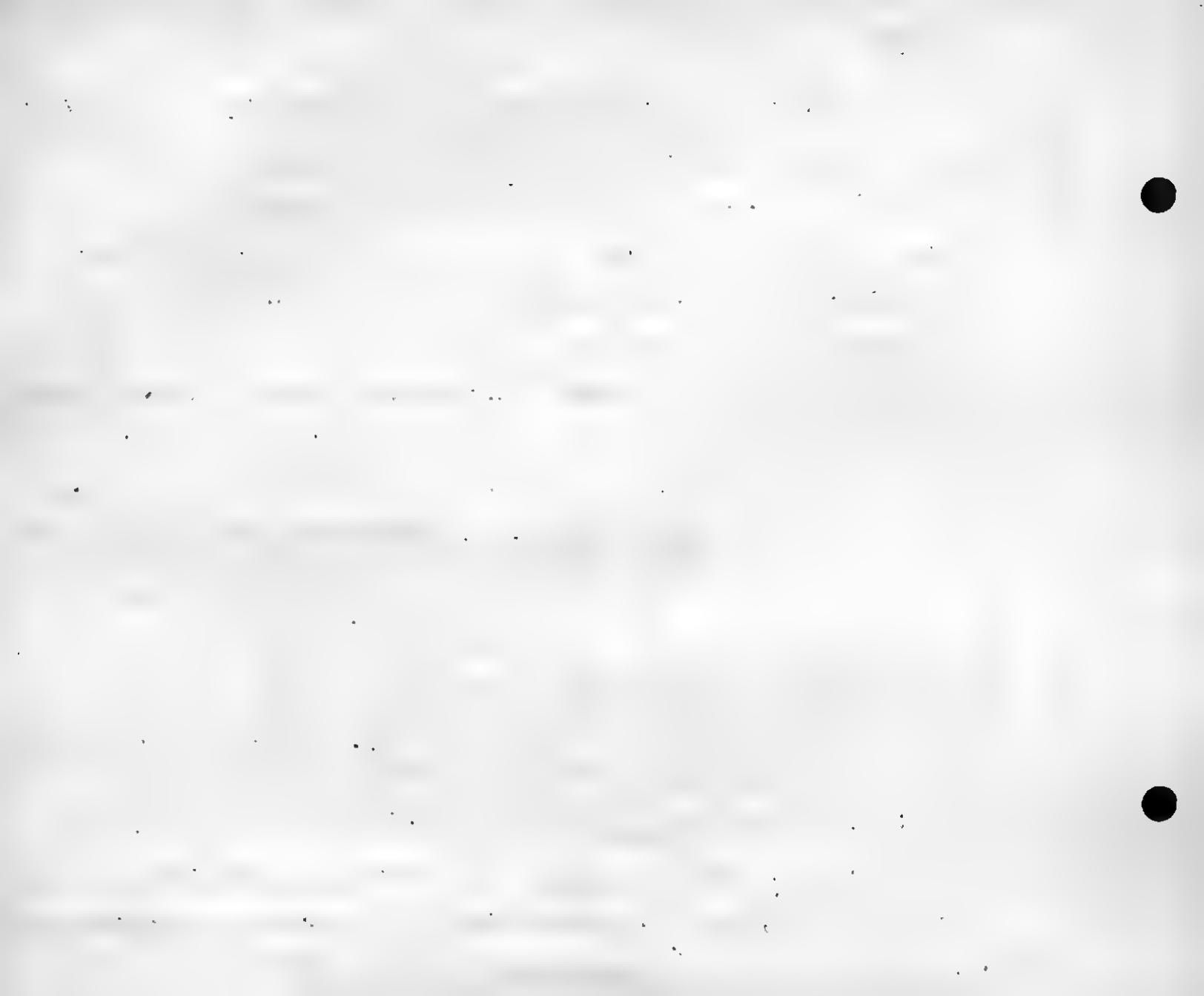
06895

06893

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, pages 1 and 2, and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Clayton	Middle Joseph	Last Martin	2a. DATE OF DEATH TUESDAY May 1, 1969	Month May	Day 1	Year 1969	2b. HOUR 1:15 P.M.				
3. SEX Male		4. RACE White		5. DATE OF BIRTH July 1, 1895		6. AGE (in years last birthday) 73		7. IF UNDER 1 YEAR MONTHS 0		8. IF UNDER 24 HRS. DAYS 0		9. HOURS 0	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick					
10. CITY OR TOWN OF DEATH Keymar		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Route # 2		12a. OCCUPATION (Kind of work done during most of working life, even if retired) Machine Operator		12b. KIND OF BUSINESS OR INDUSTRY Quarry							
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Maryland		13b. CITY OR TOWN Frederick		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER Route # 2							
14. FATHER'S NAME First Samuel		Middle Martin	Last 	15. MOTHER'S MAIDEN NAME First Sarah		Middle 	Last Moser						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 220-16-0168		17. INFORMANT Mrs. Sadie Martin, Route # 2, Keymar, Maryland		Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Artery Occlusion						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Few Minutes							
4109 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease		DUE TO, OR AS A CONSEQUENCE OF (c) Generalized Arteriosclerosis		10 years 15 yrs.							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State			
22a. I certify that (1) (this hospital) attended the deceased from 5/20 , 19 53 , to 5/1 , 19 69 , that (1) (we) last saw the deceased alive on 4/28 , 19 69 , and that in (my) (we) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.													
22b. SIGNATURE R. S. McVaugh M.D.		22c. DEGREE ATTENDING PHYS.		<input checked="" type="checkbox"/> MED DIRECTOR		<input type="checkbox"/> STAFF PHYS.		22c. DATE SIGNED 15 May '69					
22d. PHYSICIAN'S NAME (Type) R. S. McVaugh M.D.		22e. ADDRESS Taneytown, Maryland 21787											
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE May 3, 1969		23c. NAME OF CEMETERY OR CREMATORIUM Creagerstown Cemetery		23d. LOCATION (City or Town) Creagerstown, Frederick, Md.		(County) 		(State) 			
24. FUNERAL DIRECTOR C.O. Fuss & Son		ADDRESS Taneytown, Md.		25a. REC'D BY REGISTRAR DATE MAY 5 1969		25b. REGISTRAR'S SIGNATURE Charles Judge							



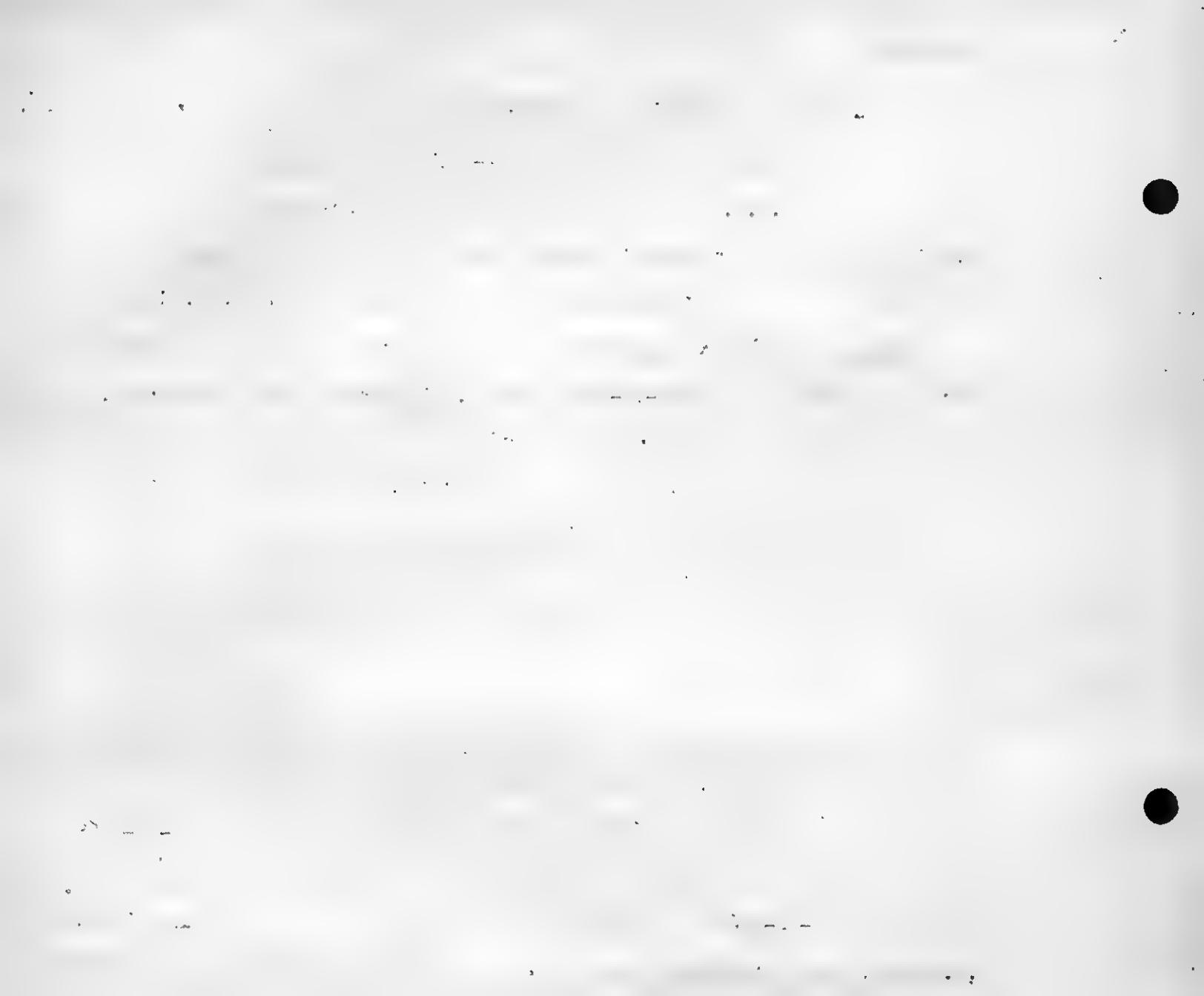
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06896

CERTIFICATE OF DEATH

06894

1. DECEASED-NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH	Month	Day	Year	2b. HOME	
Hart			Valentina	Millberry		5	24	1969	7:30 N		
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
Male		Negro		12-2-1925		43		MONTHS	DAYS	HOURS	MIN.
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH					
Md		U.S.A.				Frederick					
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY		
Frederick			Frederick Memorial Hosp.			Construction Laborer			*****		
13a. LUSAL RESIDENCE (Where deceased lived, if institution- Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER			
Md		Frederick		Doubs		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Rt 1 Doubs, Md			
14. FATHER'S NAME First			15. MOTHER'S MAIDEN NAME First			Middle			Last		
Lawrence			Margaret			Mae			Layer		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Yes WW II			16b. SOCIAL SECURITY NO.			17. INFORMANT			Address		
			219-10-3525			John C. Millberry			Rt 1 Buckeystown, Md		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIAC ARREST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5039 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Delirium Tremens (c) ALCOHOLISM											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PANCREATITIS											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.		City or Town		County		State
22a. I certify that (I) (his hospital) attended the deceased from 5/20, 1969 to 5/24, 1969, that (I) (we) last saw the deceased alive on 5/24, 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE Robert J. Thomas, M.D.		22c. DATE SIGNED 5-26-1969			ATTENDING PHYS		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS 812 Toll House Ave., Frederick,									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-28-1969		23c. NAME OF CEMETERY OR CREMATORIAL Sunnyside			23d. LOCATION (City or Town) Frederick Co, Md		(County) <input type="checkbox"/> (State) <input type="checkbox"/>		
24. FUNERAL DIRECTOR		ADDRESS C.E. Hicks, 111 Frederick, Md			25a. REC'D BY REGISTRAR MAY 27 1969		25b. REGISTRAR'S SIGNATURE Charles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06897

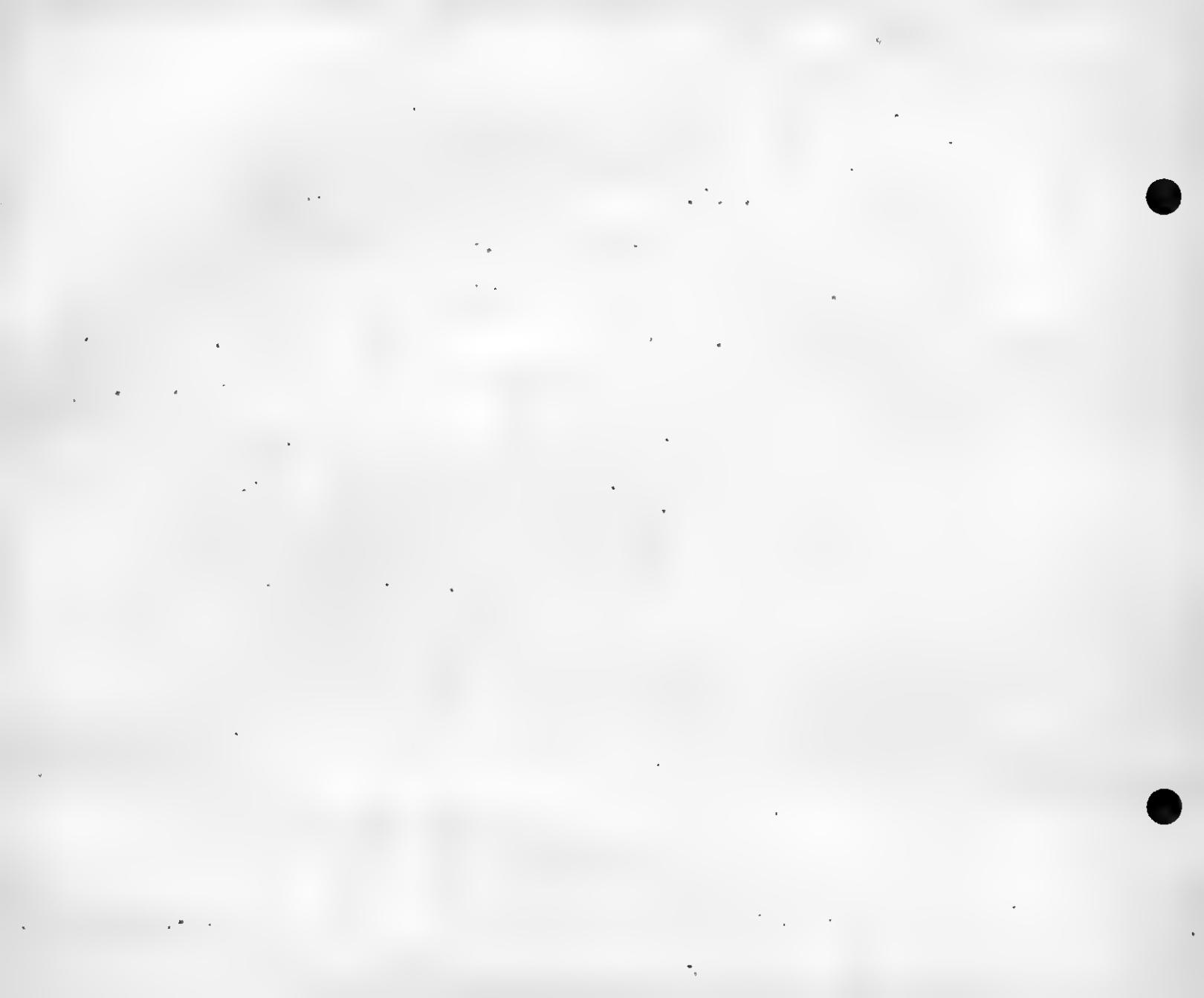
06895

2b. HOUR
M

1. DECEASED NAME (Type or print)	First <i>Soldo Estella Morseberg</i>	Middle <i></i>	Last <i></i>	2a. DATE OF DEATH Month 5 Day 24 Year 69	2b. HOUR M
3. SEX <i>Female</i>	4. RACE <i>White</i>	S. DATE OF BIRTH <i>21 27 / 1893</i>	6. AGE (in years last birthday) <i>76</i>	IF UNDER 1 YEAR MONTHS <i></i>	IF UNDER 24 HRS. DAYS <i></i>
7a. BIRTHPLACE (State or foreign country) <i>Virginia</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <i>Frederick</i>		
10. CITY OR TOWN OF DEATH <i>Braddock Heights</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>Vindabona Conv. Home</i>	12a. USUAL OCCUPATION (Kind of work done during month of death even if retired.) <i>Housewife</i>	12b. KIND OF BUSINESS OR INDUSTRY <i></i>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <i>Md.</i>	13b. COUNTY <i>Frederick</i>	13c. CITY OR TOWN <i>Brunswick</i>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER <i>22 East 'C' Street</i>	
14. FATHER'S NAME First <i>Mahlen</i>	Middle <i>T. Arnett</i>	15. MOTHER'S MAIDEN NAME First <i>Mary</i>	Middle <i>L.</i>	Lost <i></i>	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>	16b. SOCIAL SECURITY NO. <i></i>	17. INFORMANT <i>Bertie Michael Baltimore, Md.</i>	Address		
18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Cerebral Hypocarcia Failure</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost. <i></i>					
(b) <i>Hypogenous Leukemia</i> 5 yrs DUE TO, OR AS A CONSEQUENCE OF <i></i>					
(c) <i>Tumors</i>					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) <i>Cerebral Accelerated C.V. Disease</i>					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. <i>19</i>	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No	City or Town	County State
22a. I certify that (I) (this hospital) attended the deceased from <i>1/23/69</i> , to <i>5/24/1969</i> , that (I) (we) last saw the deceased alive on <i>5/21/69</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>G. J. Brie</i>		DEGREE <i></i>	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED	
22d. PHYSICIAN'S NAME (Type) <i>J. Jefferson M.D.</i>		22e. ADDRESS			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5-27-69</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>Park Heights</i>	23d. LOCATION (City or Town) <i>Brunswick</i>	(County) <i>Frederick</i> (State) <i>Md.</i>
24. FUNERAL DIRECTOR <i>Heets Funeral Home Brunswick</i>		ADDRESS <i>Moat</i>	25a. REC'D BY REGISTRAR <i>DAMAY 27 1969</i>	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



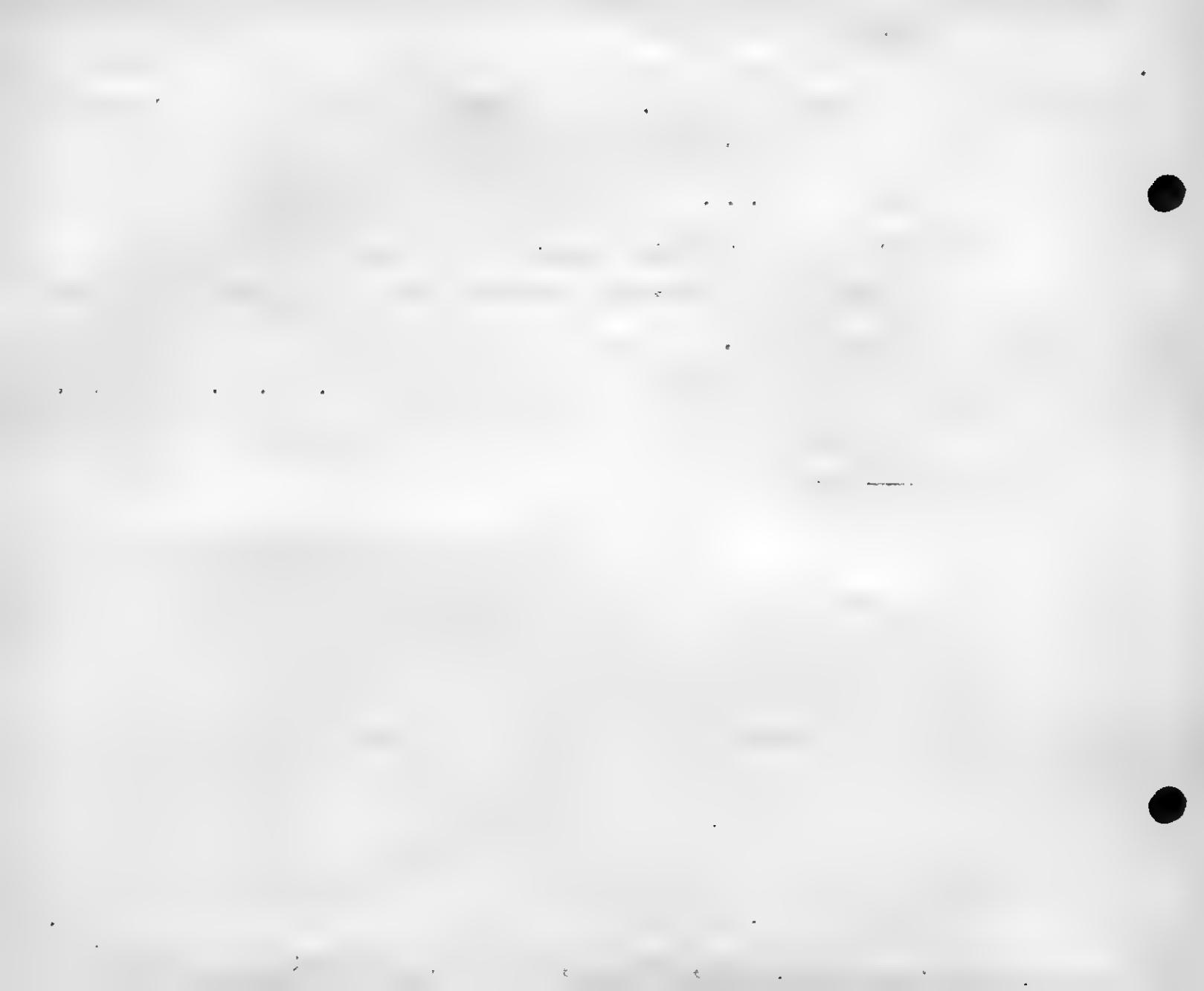
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pugsley & Son
should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)				First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR P.M.			
Clara				A.	Phelps	5	19	69	6:50				
3. SEX female		4. RACE caucasion		5. DATE OF BIRTH 3/10/78			6. AGE (In years last birthday) 91 YRS		F UNDER 1 YEAR MONTHS	F UNDER 24 HRS. DAYS	HOURS	MIN.	
7a. BIRTHPLACE (State or foreign country) Ohio		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick							
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Nursing center				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife		12b. KIND OF BUSINESS OR INDUSTRY					
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Maryland		13b. COUNTY Frederick		13c. CITY OR TOWN Frederick		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 434 North Market Street					
14. FATHER'S NAME First Clara		Middle A.	Last Phelps	15. MOTHER'S MAIDEN NAME First Katherine		Middle Feller	Last 						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO 216 22 9989		17. INFORMANT Henry Lochner, 19 W. 2nd. St. Frederick, Md.		Address 				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 minute			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Arterio - sclerotic C. I.D. (coronary arrest)</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____												1 year	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Dysfunctional heart with recent arrhythmia</i>												6 weeks	
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or RFD No		City or Town		County	State				
22a. I certify that (I) <input type="checkbox"/> attended the deceased from _____, 19 62 , to May 19 , 19 69 , that (I) <input type="checkbox"/> last saw the deceased alive on May 19 , 19 69 , and that in (my) <input type="checkbox"/> opinion death occurred on the date and hour and from the causes stated above, (I) <input type="checkbox"/> (we) <input type="checkbox"/> (did) <input type="checkbox"/> view the body after death.													
22b. SIGNATURE <i>Bernard G. Thomas Jr.</i>		DEGREE	ATTENDING PHYS.	<input type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 5/19/69							
22d. PHYSICIAN'S NAME (Type) Bernard G. Thomas Jr.		22e. ADDRESS Frederick, Md.											
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE May 21, 1969		23c. NAME OF CEMETERY OR CREMATORIAL Prospect Hill Cemetery		23d. LOCATION (City or Town) York		(County)		(State) Pa.			
24. FUNERAL DIRECTOR Donald M. Etchison		ADDRESS M. R. Etchison & Son, Frederick, Maryland		25a. REC'D BY REGISTRAR MAY 22 1969		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>							



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06899

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06897

1. DECEASED-NAME (Type or print)			First	Middle	Lost	2a. DATE OF DEATH Month Day Year	2b. HOUR 12 ⁵⁵ M	
James Robert Prather						May 12 1969		
3. SEX	4 RACE				5. DATE OF BIRTH	6. AGE (In years lost birthday) YRS.	IF UNDER 24 MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
Male	Negro				Dec. 14, 1935	33		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		
U.S.A.						FREDERICK		
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		12b. KIND OF BUSINESS OR INDUSTRY	
FREDERICK		FREDERICK Mem.						
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER		
Md.		Frederick		Frederick	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	118 S. Bentz. St.		
14. FATHER'S NAME		First	Middle	Lost	15. MOTHER'S MAIDEN NAME		First	Middle
William Prather					Sarah		Swailes	Lost
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown		16b. SOCIAL SECURITY NO.		17. INFORMANT		Address		
(If yes give war or dates of service)				Diane Prather (wife)		same as 13.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								
PART I DEATH WAS CAUSED BY:								
IMMEDIATE CAUSE (a) <i>Anuti coronary occlusion.</i>								
DUE TO, OR AS A CONSEQUENCE OF								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b)								
DUE TO, OR AS A CONSEQUENCE OF								
last (c)								
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
1 hour								
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
					YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION	Street or R.F.D. No	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <i>5/12, 1969</i> , to <i>5/12, 1969</i> , that (I) (we) last saw the deceased alive on <i>5/12, 1969</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE								
<i>James B. Thomas</i>								
22d. PHYSICIAN'S NAME (Type)		DEGREE	ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED		
				<input checked="" type="checkbox"/>	<input type="checkbox"/>			
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL		23d. LOCATION (City or Town)	(County)	(State)	
Burial		5/15/69	Mt. Zion Cemetery		Mt. Zion	Montgomery	Md.	
24. FUNERAL DIRECTOR		ADDRESS	25a. REC'D. BY REGISTRAR		25b. REGISTRAR'S SIGNATURE			
		DAT	MAY 19 1969		Robert L. Snowden			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06900

CERTIFICATE OF DEATH

06898

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1 DECEASED NAME (Type or print)	First	Middle	Lost	2a. DATE OF DEATH Month Day Year	2b. HOUR 9:35 M
Margaret Virginia Purcell				May 15 1969	
3 SEX Female	4 RACE White	S. DATE OF BIRTH Sept. 13, 1893	6. AGE (In years last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.
7a BIRTHPLACE (State or foreign country) Grisfield Md.	7b CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick		
10 CITY OR TOWN OF DEATH Lantz	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Own Home	12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired) Housewife			12b KIND OF BUSINESS OR INDUSTRY Own Home
13a USUAL RESIDENCE (Where deceased admitted) STATE Md.	13b. COUNTY Frederick	13c. CITY OR TOWN Lantz	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER	
14. FATHER'S NAME John Mathews	First	Middle	Last	15. MOTHER'S MAIDEN NAME First Virginia Webster	Middle
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO no	17 INFORMANT Percy Purcell	Address Lantz. Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Scirrhous Carcinoma of Stomach</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. <i>C. obstruction of metastases</i>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs.	
(b) <i>metastatic adenocarcinoma of breast</i> DUE TO, OR AS A CONSEQUENCE OF (c)				1-2 yrs.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)					
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from 4-20 , 19 58 , to 15 May, 1969 , that (I) (we) last saw the deceased alive on 15 May 1969 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>Harry H. Young Jr. MD</i>	ATTENDING DEGREE PHYS.	22c. DATE SIGNED 5-17-69.	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS.	
22d. PHYSICIAN'S NAME (Type) Harry H. Young Jr.	22e. ADDRESS Blue Ridge Summit, Penna.				
23a. BURIAL, CREMATION, BURIAL (See 1a)	23b. DATE 5-18-69	23c. NAME OF CEMETERY OR CREMATORIAL Blue Ridge Cemetery	23d. LOCATION (City or Town) Thurmont, Fred. Co., Md.	(County)	(State)
24. FUNERAL DIRECTOR <i>Raymond E. Creager</i>	ADDRESS Thurmont, Md.	25a. REC'D BY REGISTRAR DATE MAY 21 1969	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1. DECEASED NAME (Type or print)		First <i>Claude</i>	Middle <i>D</i>	Last <i>Hedrick</i>	2a. DATE OF DEATH Month <i>May</i>	Day <i>8</i>	Year <i>1969</i>	2b. HOUR <i>M</i>
3. SEX <i>Male</i>		4. RACE <i>white</i>	5. DATE OF BIRTH <i>10/31/1887</i>		6. AGE (in years last birthday) <i>81</i>		IF UNDER 1 YEAR MONTHS <i>0</i>	
7b. BIRTHPLACE (State or foreign country) <i>Md.</i>		7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		9. COUNTY OF DEATH <i>Frederick</i>		IF UNDER 24 HRS. MONTHS <i>0</i>	
10. CITY OR TOWN OF DEATH <i>Frederick</i>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>Monocacy Nursing Home</i>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>Farmer</i>		12b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		
13a. US.JAL RES.DENCE (Where deceased lived, if institution admission) STATE <i>Maryland</i>		13c. CITY OR TOWN <i>Montgomery</i>		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER <i>Poolesville</i>		
14. FATHER'S NAME First <i>C.</i>		Middle <i>A.T.</i>	Last <i>Hedrick</i>	15. MOTHER'S MAIDEN NAME First <i>Laura</i>		Middle <i>Dudrow</i>	Last <i>Dudrow</i>	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>		16b. SOCIAL SECURITY NO. <i>820-18-2564</i>		17. INFORMANT <i>Chas. W. Fritz</i>		Address <i>Poolesville, Md.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>10 DAYS</i>		
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		<i>SHOCK SECONDARY TO HEMATURIA + SEPSIS</i>						
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause <i>130X</i>		DUE TO, OR AS A CONSEQUENCE OF <i>CARCINOMA BLADDER</i>				<i>2 YEARS</i>		
(b)								
DUE TO, OR AS A CONSEQUENCE OF <i>(c)</i>								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <i>19</i>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	
22a. I certify that (I) (this hospital) attended the deceased from <i>August</i> , 19 <i>68</i> , to <i>5/9</i> , 19 <i>69</i> , that (I) (we) last saw the deceased alive on <i>5/8</i> , 19 <i>69</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <i>James E. Stoner Jr MD</i>		DEGREE <i>JAMES E. STONER, JR</i>	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <i>5/9/69</i>		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS <i>WALERSVILLE, Md. 21793</i>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>5/12/69</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Union Chapel</i>		23d. LOCATION (City or Town) <i>Libertytown Fred. Md.</i>		(County) (State)	
24. FUNERAL DIRECTOR <i>Constance C. Hilton Barnesville Md.</i>		ADDRESS	25a. REC'D. BY REGISTRAR <i>MAY 13 1969</i>		25b. REGISTRAR'S SIGNATURE <i>Constance C. Hilton Barnesville Md.</i>			



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

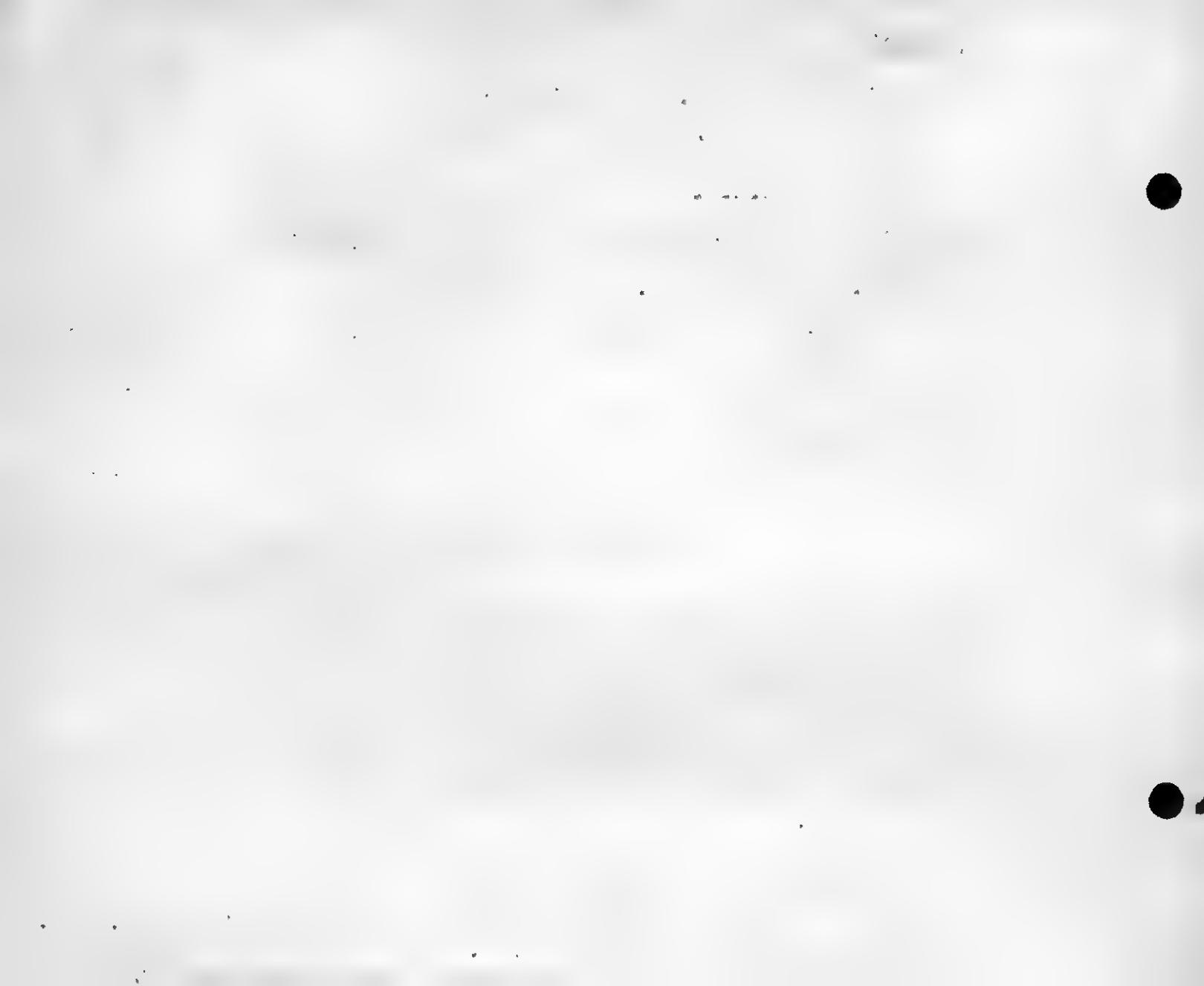
CERTIFICATE OF DEATH

06900

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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1 DECEASED NAME (Type or print) Edith			First H.	Middle Rickerds	Last Rickerds	2a. DATE OF DEATH 5 Month 26 Day 69 yr 11:57 AM	2b. HOUR 11:57 AM	
3. SEX female		4. RACE white	5. DATE OF BIRTH 9/28/60			6. AGE (In years birthday) 60	FATHER'S 1 YEAR MONTHS DAYS HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED WIDOWED <input checked="" type="checkbox"/>		NEVER MARRIED DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick		
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 9. V.F.M.) Frederick Memorial			12a. USUAL OCCUPATION (Kind of work done during day, even if retired) Housewife		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USA. RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.		13b. COUNTY Fred.	13c. CITY OR TOWN Knoxville	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER		
14. FATHER'S NAME First Thomas		Middle Hardy	Last 	15. MOTHER'S MAIDEN NAME First Helen		Middle 	Last Fitzpatrick	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO		17. INFORMANT Perry Rickerds - Beling Green, Ohio		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4339 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause Arterial thrombosis		DUE TO, OR AS A CONSEQUENCE OF (b) Arterial thrombosis		DUE TO, OR AS A CONSEQUENCE OF (c) Arterial thrombosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No			City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from 2/28/61 , to 2/28/61 , that (I) (we) last saw the deceased alive on 2/28/61 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE Bernard C.T. Thomas Jr.		DEGREE Jr.	ATTENDING PHYS <input type="checkbox"/>	MED DIRECTOR <input type="checkbox"/>	STAFF PHYS <input type="checkbox"/>	22c. DATE SIGNED 5/28/61		
22d. PHYSICIAN'S NAME (Type) Bernard C.T. Thomas Jr.		22e. ADDRESS Frederick, Md.						
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/29/68	23c. NAME OF CEMETERY OR CREMATORIAL Church Of Brethren			23d. LOCATION (City or Town) Brownsville	(County) Wash.	(State) Md.
24. FUNERAL DIRECTOR Feele Funeral Home		ADDRESS Brunswick, Md.			25a. REC'D. BY REG. STRAB. DATE JUN 3 1969	25b. REG. STRAB'S SIGNAT. RE Charles Judge		



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06903

06901

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First Martha	Middle Frances	Last Ruby	2a. DATE OF DEATH 5 Month 6 Day 69 Year	2b. HOUR 5:30 P.M.
3. SEX Female	4 RACE White	5. DATE OF BIRTH April 6, 1916	6. AGE (In years last birthday) 53 yrs	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9 COUNTY OF DEATH Frederick	12b. KIND OF BUSINESS OR INDSTRY Own home	
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Mem. Hosp.		12a. JSUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housewife	13b. COUNTY Frederick	
13a. JSUAL RESIDENCE (Where deceased lived, if institution admission) STATE Maryland	13c. CITY OR TOWN Frederick	13d. INSIDE CITY & LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Marker Rd. Route 11		
14. FATHER'S NAME . First Daniel	Middle L.	Last Calp	15. MOTHER'S MAIDEN NAME First Jennie	Middle	Last Crue
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. -----	17. INFORMANT Wilbert E. Ruby	Address Route #1 Middletown, Md.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Acute Congestive HEART Failure</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) <i>Myocardial INFARCTION</i> DUE TO, OR AS A CONSEQUENCE OF (c)					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) <i>CARCINOMA STOMACH - OBESITY</i>					
19a. DATE OF OPERATION 4-30-69	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>CA Stomach</i>	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING □ DR CONTRIBUTING □ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or RFD No	City or Town	County	State
22a. I certify that (I) (his hospital) attended the deceased from <i>4-14</i> , 1969 to <i>5-6</i> , 1969 that (I) (we) last saw the deceased alive on <i>5-6</i> , 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) did (did not) view the body after death.					
22b. SIGNATURE <i>Robert J. Thomas M.D.</i>	ATTENDING PHYS <input checked="" type="checkbox"/>	MED DIRECTOR <input type="checkbox"/>	STAFF PHYS <input type="checkbox"/>	22c. DATE SIGNED May 6, 1969	
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS Robert J. Thomas M.D.		812 Toll House Ave. Fred., Md.		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 9, 1969	23c. NAME OF CEMETERY OR CREMATORIUM Union Cemetery	23d. LOCATION (City or Town) Burkittsville Fred. Md.	(County)	(State)
24. FURNERAL DIRECTOR Gladhill Company	ADDRESS Middletown, Md.		25a. REC'D BY REGISTRAR MAY 8 1969	25b. REGISTRAR'S SIGNATURE <i>Gilmer, Vandale</i>	



FOR STATE
HEALTH DEPT.

~~TO DEPUTY MEDICAL EXAMINER:~~ This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

~~TO FUNERAL DIRECTOR:~~ Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the state Department of Health prior to burial, cremation, or removal, and in my event within 72 hours after death.

06904 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										06902			
1 DECEASED NAME (Type or Print)		First		Middle		Last		2a DATE KNOWN OF ESTI- DEATH MATED		Month	Day	Year	2b HOUR
		LOIS		INEZ		SHELL		<input checked="" type="checkbox"/> 5		12	1969	M	
3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (in years last birthday)	7 MONTHS	8 DAYS	9 HOURS	10 MIN	2c DATE PRONOUNCED DEAD		Month	Day	Year	2d HOUR
Female	Cau.	May 30, 1936	32 YRS					<input checked="" type="checkbox"/> May		12,	1969	M	
7a BIRTHPLACE (State or foreign country)		7b CITIZEN OF WHAT COUNTRY?		B. MARRIED <input checked="" type="checkbox"/>		NEVER MARRIED <input type="checkbox"/>		9. COUNTY OF DEATH					
Virginia		U.S.A.		WIDOWED <input type="checkbox"/>		DIVORCED <input type="checkbox"/>		Frederick,					
10 CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		12b KIND OF BUSINESS OR INDUSTRY							
Frederick		Frederick Mem. Hospital		Nurses Aid		None							
13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) STATE		13b COUNTY		13c CITY OR TOWN		13d INSIDE C TY LIMITS?		13e STREET AND NUMBER					
Maryland		Frederick		Mt. Airy		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		? ?					
14 FATHER'S NAME		First		Middle		Last		15 MOTHER'S MAIDEN NAME		First		Middle	
		James		Brownlon		Cope		Roxie		Myrtle		McCurry	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		(If yes give war or dates of service)		16b. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS					
No				?		Mr. Curtis Shell		Mt. Airy, Maryland					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) <u>Aspirin intoxication</u>												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF													
(c) DUE TO, OR AS A CONSEQUENCE OF													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20 AUTOPSY?									
				<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b)									
21d INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f LOCATION Street or R.F.D. No. City or Town County State									
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>												CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
												ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
												DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
												M.D. ADDRESS (Street, city, town, or county)	
23a BURIA., CREMATION, REMOVAL (Specify) Burial		23b DATE 5-15-1969		23c NAME OF CEMETERY OR CREMATORIAL Beech Grove Cemetery		23d LOCAT ON (City or Town) Jonesville, Virginia		(County)		(State)			
24 FUNERAL DIRECTOR Robert E. Dailey & Son		ADDRESS Frederick, Maryland		25a REC'D BY REGISTRAR MAY 16 1969		25b REGISTRAR'S SIGNATURE Robert E. Dailey							



FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

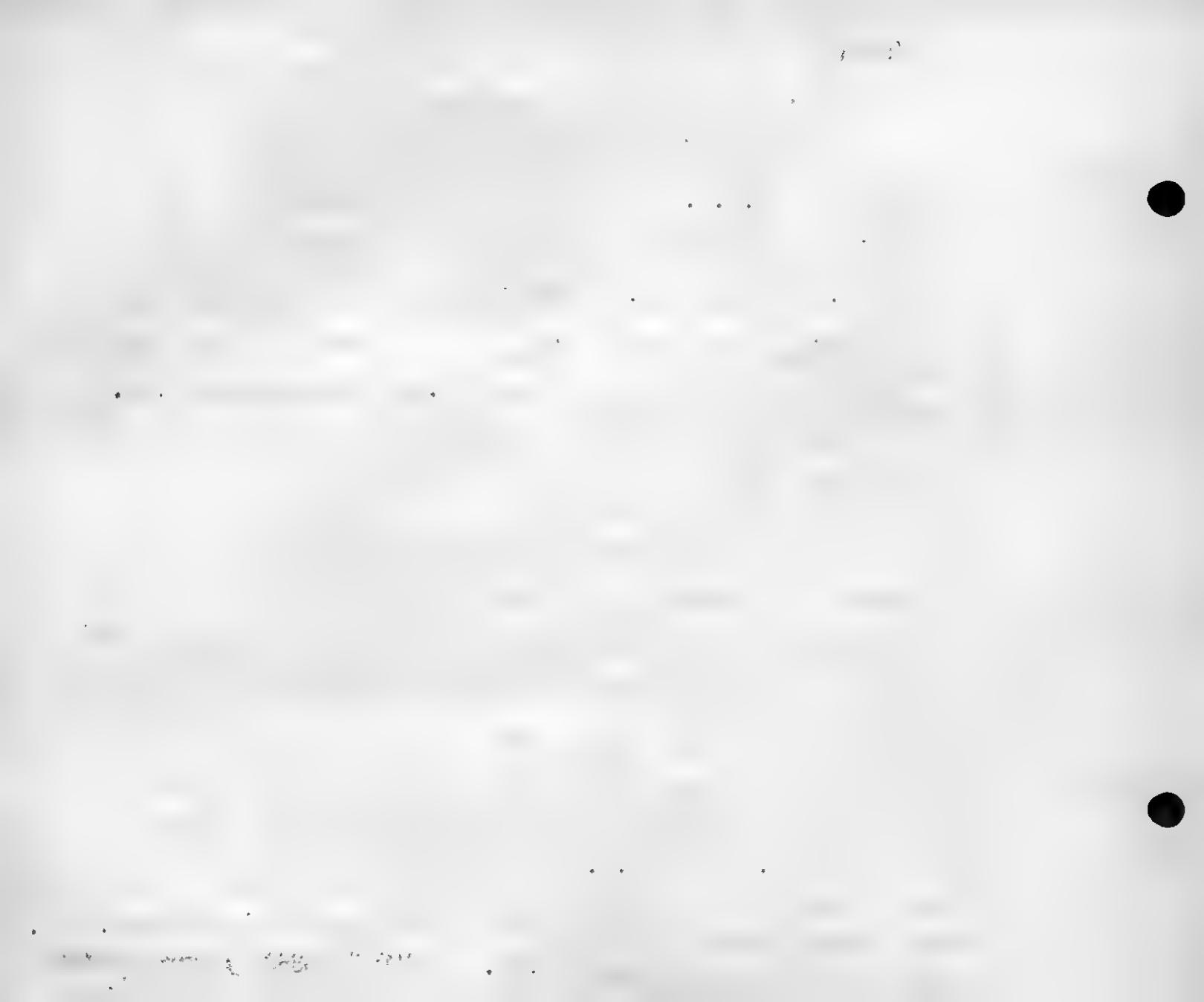
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death

Items 21e, f, 22a Film 413 MARYLAND STATE DEPARTMENT OF HEALTH
5-13-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06903

1 DECEASED NAME (Type or Print)			First	Middle	Last	2a DATE KNOWN OF EST. DEATH MATED	Month	Day	Year	2b HOUR	
Chris		Evan			Seelberg	5	25	1969	M		
3 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	2c DATE PRONOUNCED DEAD					
male	white	II/26/55	I3 YRS	MONTHS	DAYS	MONTH	DAY	YEAR	2d HOUR		
7a BIRTHPLACE (State or foreign country)		7b CITIZEN OF WHAT COUNTRY?		8 MARRIED	NEVER MARRIED	9. COUNTY OF DEATH					
Oregon		U.S.A.		WIDOWED	DIVORCED	Frederick					
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)			12b. KIND OF BUSINESS OR INDUSTRY			
Brunswick		15 West 'B' Street			student						
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER					
Md.		Fred.		Brunswick	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	25 East 'C' Street					
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last			
Richard		Byron	Seelberg		Wanda	Jane	Harrison				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT		ADDRESS					
				Wanda J. Seelberg-Brunswick, Md.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>68w Chest</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last } (b) DUE TO, OR AS A CONSEQUENCE OF (c)											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?			20. AUTOPSY?						
					YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day Year HOUR A.M. <u>5-25-69</u> P.M.		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, Item 18) SHOT WITH .32 cal. bullet							
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street factory, office, garage, etc.) <u>14 W.B St.</u>		21f. LOCATION Street or RFD No. <u>Br</u> City or Town <u>Frederick</u> County <u>Md.</u> State							
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE		Robert J. Thomas			CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D.						DATE SIGNED
EXAMINER'S NAME (Type)		Robert J. Thomas, M.D.			ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>						<u>May 25, 1969</u>
23a. BURIAL, CREMAT. ON, REMOVAL (Specify)		23b. DATE <u>5/28/69</u>		23c. NAME OF CEMETERY OR CREMATORIUM Park Heights Cemetery		23d. LOCATION (City or Town) Brunswick		(County) <u>Fred.</u>		(State) <u>Md.</u>	
24. FUNERAL DIRECTOR Fleets Funeral Home		ADDRESS Brunswick, Md.				25a. REC'D BY REG STRR MAY 28 1969		25b. REGISTRAR'S SIGNATURE Charles Judge			
VR AT SME (51) 10M REV 1/68											



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06906

06904

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Please return this certificate to the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1 DECEASED NAME (Type or print)	First Harvey Luther	Middle Stambaugh	Last Stambaugh	2a DATE OF DEATH Month Day Year May 13 1969	2b HOUR 8:15 M		
3. SEX male	4. RACE White	S. DATE OF BIRTH Jan. 15, 1897	6. AGE (In years last birthday) 72 yrs.	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
7a BIRTHPLACE (State or foreign country) Md.	7b CITIZEN OF WHAT COUNTRY? USA	8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Fred.				
10 CITY OR TOWN OF DEATH Rocky Ridge	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Own Home		12a USUAL OCCUPATION (Kind of work done during regular working life, even if retired) farmer	12b KIND OF BUSINESS OR INDUSTRY own Farm			
13a. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) STATE Md.	13b. COUNTY Fred.	13c. CITY OR TOWN Rocky Ridge	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER			
14 FATHER'S NAME First Samuel	Middle Stambaugh	Last	15. MOTHER'S MAIDEN NAME First Clara	Middle Powell	Last		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO 219-20-3315A	17 INFORMANT Mrs. Maude G. Stambaugh	Address Rocky Ridge Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave rise to immediate cause (a), stating the underlying cause last (b) Arteriosclerotic cardiovascular DUE TO, OR AS A CONSEQUENCE OF (c) .							
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)				
21d. INJURY OCCURRED Not while at work	21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from 4/5/68 to 5/13/69 , that (I) (we) lost saw the deceased alive on 5/13/69 , and that in my (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE George L. Morningstar, MD		DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS	22c. DATE SIGNED 5/13/69		
22d. PHYSICIAN'S NAME (Type) George L. Morningstar	22e. ADDRESS Emmitsburg, Md.						
23a. BURIAL, CREMATION, BURNING (Specify) Burial	23b. DATE 5-16-69	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Tabor Cemetery	23d. LOCATION (City or Town) Rocky Ridge Fred. Co. Md.	(County)		(State)	
24. FUNERAL DIRECTOR Raymond E. Creager	ADDRESS Thurmont, Md.	25a. RECEIVED BY REGISTRAR DATE MAY 21 1969	25b. REGISTRAR'S SIGNATURE Charles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

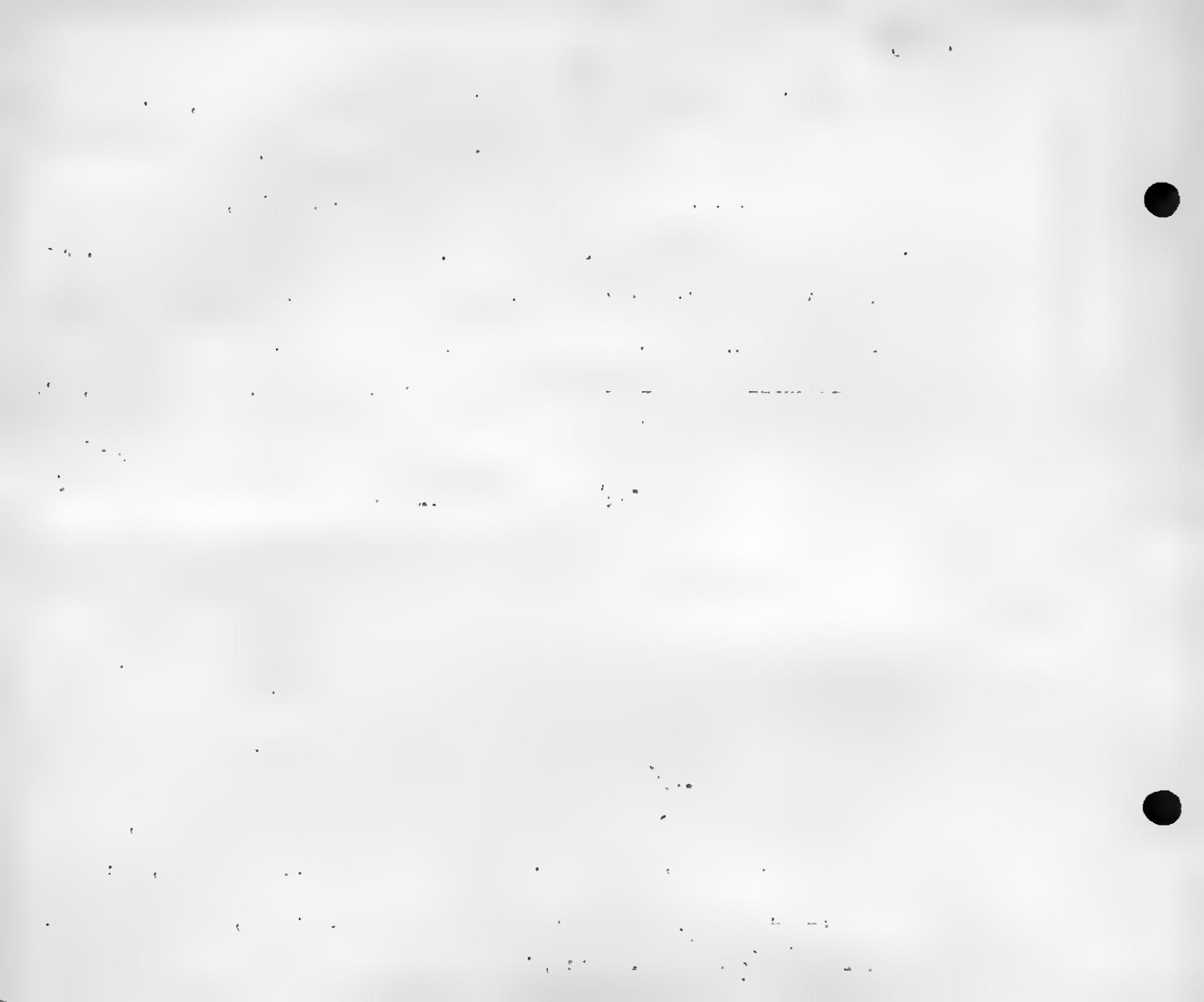
CERTIFICATE OF DEATH

06905

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 24 hours after death.

1. DECEASED NAME (Type or print)	First RICHARD	Middle LEE	Last STONE	2a. DATE OF DEATH Month May	Day 30 , 19 69	2b. HOUR 6:20
3. SEX Male	4. RACE Caucasian	5. DATE OF BIRTH August 10, 1947		6. AGE (In years last birthday) 21	IF UNDER 1 YEAR MONTHS 0	IF UNDER 24 HRS. DAYS 0
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Frederick,			
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial Hosp.		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Student	12b. KIND OF BUSINESS OR INDUSTRY None		
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Maryland	13b. COUNTY Frederick	13c. CITY OR TOWN Ijamsville	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Route # 1 Ijamsville		
14. FATHER'S NAME First Chester	Middle G.	Last Stone	15. MOTHER'S MAIDEN NAME First Clara	Middle L.	Last Miller	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO (If yes give war or dates of service) 214-46-6031	17. INFORMANT Mrs. Brenda B. Stone Rt.# 1 Adamstown, Md.	Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hernia (b) Teratoma, left lung DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (c)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 hours		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from Aug 1969 to Aug 30, 1969 , that (I) (we) last saw the deceased alive on Aug 30, 1969 , and that (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) <input type="checkbox"/> did <input checked="" type="checkbox"/> did not view the body after death.						
22b. SIGNATURE B. O. Thomas Jr.		DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED May 30, 1969
22d. PHYSICIAN'S NAME (Type) Dr. B. O. Thomas, Jr.		22e. ADDRESS 228 N. Market St. Frederick, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-31-1969	23c. NAME OF CEMETERY OR CREMATORIAL Mount Olivet Cemetery	23d. LOCATION (City or Town) Frederick, Frederick, Md.	(County) Frederick	(State) MD
24. FUNERAL DIRECTOR Robert E. Dailey & Son		ADDRESS Frederick, Maryland	25a. REC'D BY REGISTRAR DALUN	25b. REGISTRAR'S SIGNATURE Charles Judge	25c. DATE 2 1969	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06908

06906

1 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1, 2, 3 and 4 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First John	Middle Maltby	Last Tibbetts	2d. DATE OF DEATH Month May Day 25 Year 1969	2d. HOUR P.M. 25 E.M.	
3. SEX Male		4. RACE White		S. DATE OF BIRTH Feb. 14, 1883	6. AGE (in years last birthday) 86 YRS		
7a. BIRTHPLACE (State or foreign country) Indiana		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Frederick		
10. CITY OR TOWN OF DEATH Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Montevue County Home		12c. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Plumber		12b. KIND OF BUSINESS OR INDUSTRY Self Emp.	
13a. U.S.A. RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Frederick	13c. CITY OR TOWN Middletown	13d. INSIDE CITY LIMIT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Route 40	R.F.D. 2	
14. FATHER'S NAME First Walter		Middle S.	Last Tibbetts	15. MOTHER'S MAIDEN NAME First Ida	Middle May	Lost Swathwood	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO 325-10-6298		17. INFORMANT John E. Tibbetts	Address R.F.D. #2 Middletown, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Arteriosclerotic vascular disease</u> 2 years DUE TO, OR AS A CONSEQUENCE OF (c)							
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 weeks							
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>Pneumonia</u>							
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20b. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>March 8, 1969</u> , to <u>May 25, 1969</u> , that (I) (we) last saw the deceased alive on <u>May 25, 1969</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <u>Leroy Davis</u>		DEGREE ATTENDING PHYS	<input checked="" type="checkbox"/> MED DIRECTOR	<input type="checkbox"/> STAFF PHYS	22c. DATE SIGNED <u>5/26/69</u>		
22d. PHYSICIAN'S NAME (Type) Leroy Davis M.D.		22e. ADDRESS Professional Building					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 29, 1969	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS United Brethren Cem.		23d. LOCATION (City or Town) Myersville	(County) Fred.	(State) Md.
24. FUNERAL DIRECTOR Gladhill Company		25a. REC'D BY REGISTRAR DATE MAY 29 1969		25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>			

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NO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial/transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial/transit or removal, and in any event, within 72 hours after death.

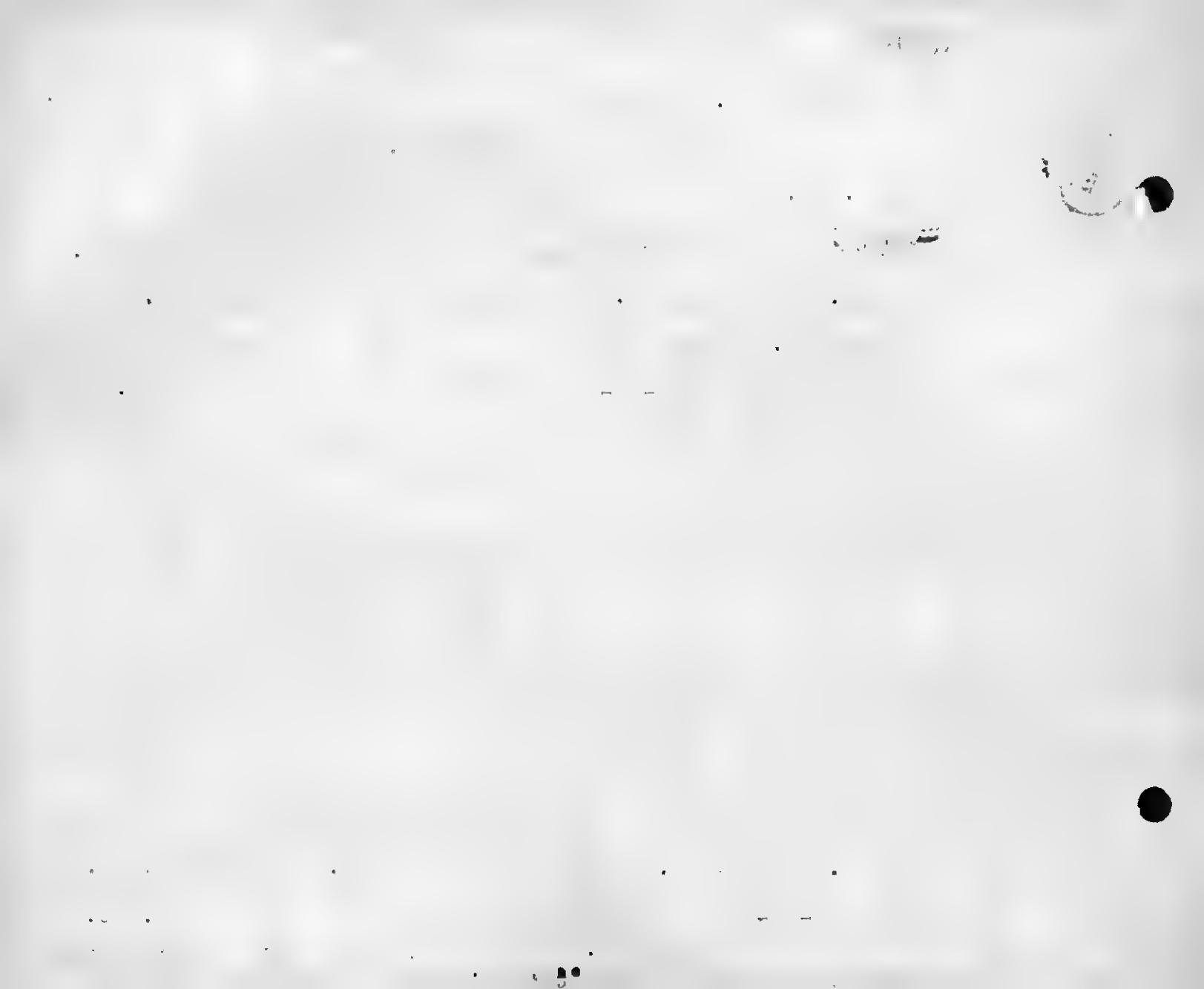
06909

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06907

1 DECEASED NAME (Type or print)	First Olie M. Weller	Middle	Last	2a DATE OF DEATH May Month 21 Day 1969	2b HOUR AM 5:00 M
3 SEX Male	4 RACE White	5. DATE OF BIRTH April 1, 1882		6 AGE (In years 67 (month) YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Fred. Co.	7b CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9 COUNTY OF DEATH Frederick		
10 CITY OR TOWN OF DEATH Frederick	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial Hosp		12a USUAL OCCUPATION (Kind of work done during most of working life even if retired) Carpenter	12b KIND OF BUSINESS OR INDUSTRY Cont.	
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Md.	13b. COUNTY Fred.	13c CITY OR TOWN Thurmont	13d INS OR CITY L.M.I.S.P. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e STREET AND NUMBER 15 Moser Rd.	
14 FATHER'S NAME Calvin L. Weller	First Middle Last	15 MOTHER'S MAIDEN NAME First Emily Favorite	Middle	Last	
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b SOCIAL SECURITY NO (If yes give war or dates of service) 213-01-6300	17 INFORMANT Dorothy Weller	Address 15 Moser Rd. Thurmon		
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Malaria CIA</u>					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
4 60					
Conditions, if any, which gave rise to immediate cause (a). slating the underlying cause lost.					
DUE TO, OR AS A CONSEQUENCE OF (b)					
DUE TO, OR AS A CONSEQUENCE OF (c)					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>Hypertension</u>					
19a. DATE OF OPERATION		19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)	21f LOCATION Street or R.F.D. No	City or Town	County State
22a. I certify that (I) (this hospital) attended the deceased from <u>5/21/69</u> , to <u>5/21/69</u> , that (I) (we) last saw the deceased alive on <u>5/20/69</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death					
22b. SIGNATURE <u>A. Pearce, Jr.</u>		DEGREE ATTENDING PHYS	MED DIRECTOR <input type="checkbox"/>	STAFF PHYS <input type="checkbox"/>	22c DATE SIGNED <u>5/21/69</u>
22d PHYSICIAN'S NAME (Type) A. Pearce, Jr.		22e ADDRESS 804 Toll House Ave. Frederick, Md.			
23a. BURIAL, CREMATION BURIAL <input checked="" type="checkbox"/>		23b DATE 5-24-69	23c NAME OF CEMETERY OR CREMATORIAL Blue Ridge Cemetery	23d LOCATION (City or Town) Thurmont	(County) (State) Frederick Co. Md.
24. FUNERAL DIRECTOR Raymond E. Creager		ADDRESS Raymond E. Creager Thurmont, Md.	25a. REC'D BY REGISTRAR DATE MAY 26 1969	25b. REGISTRAR'S SIGNATURE <u>Charles J. Judge</u>	
45M					



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06908

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

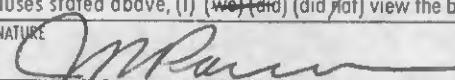
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First	Middle	Lost	2a. DATE OF DEATH MAY Month 23 Day 67 Year	2b. HOUR 6:05 M	
George Frank Wilders							
3. SEX male	4. RACE white	5. DATE OF BIRTH Aug. 16, 1891		6. AGE (In years last birthday) 77 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) Penns.	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Frederick			
10. CITY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Frederick Memorial	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Carpenter		12b. KIND OF BUSINESS OR INDUSTRY Contract			
13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE Md.	13b. COUNTY Fred.	13c. CITY OR TOWN Thurmont	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER 13 Frederick Rd.			
14. FATHER'S NAME First George A. Wilders	Middle	Last	15. MOTHER'S MAIDEN NAME First Martha J. Gossart	Middle	Lost		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no <input checked="" type="checkbox"/> unknown	16b. SOCIAL SECURITY NO. 214-14-6817	17. INFORMANT Marie M. Wilders	Address 13 Fred. Rd. Thurmon				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA OF THE PROSTATE & diffuse</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>185 X</u> <u>1 YEAR.</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). <u>b)</u> stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF lost. <u>c)</u>							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)							
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
MEDICAL CERTIFICATION 21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from <u>17 May</u> , 19 <u>69</u> , to <u>23 May</u> , 19 <u>69</u> , that (I) (we) last saw the deceased alive on <u>23 May</u> 19 <u>69</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <u>George I. Smith Jr.</u>		4. DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <u>24 May 69</u>	
22d. PHYSICIAN'S NAME (Type)	22e. ADDRESS George I. Smith Jr. 804		22f. ADDRESS 1011 House Ave. Frederick, Md.				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-26-69	23c. NAME OF CEMETERY OR CREMATORIAL Rest Haven Memor. Gar	23d. LOCATION (City or Town) Nr. Frederick Fred. Co	(County)	(State)		
24. FUNERAL DIRECTOR <u>Raymond E. Creager</u>	ADDRESS Thurmont, Md.	25a. RECD BY REGISTRAR MAY 26 1969	25b. REGISTRAR'S SIGNATURE <u>Charles J. George</u>	Md.			

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06909

06911		06909	
1. DECEASED-NAME (Type or print)		First BERNICE	Middle ELDRED
2. DATE OF DEATH		Lost WILT	Month Day May 1 1969
3. SEX		4. RACE Female	5. DATE OF BIRTH March 28, 1897
6. AGE (In years to birthday) 72		7. IF UNDER 1 YEAR MONTHS YRS.	8. IF UNDER 24 HRS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
9. COUNTY OF DEATH Frederick		10. CITY OR TOWN OF DEATH Tuscarora	
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Tuscarora		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Frederick	13c. CITY OR TOWN Tuscarora
13d. INSIDE CITY LIMITS? YES		13e. STREET AND NUMBER Tuscarora, Md.	
14. FATHER'S NAME First William		Middle Gambrill	Last Page
15. MOTHER'S MAIDEN NAME First Alice		Middle Catherine	Last Cutsail
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT George Henry Wilt, Tuscarora, Maryland
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 174X		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Carcinomatosis		DUE TO, OR AS A CONSEQUENCE OF (b) Carcinoma Breast DUE TO, OR AS A CONSEQUENCE OF (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)			
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)
21d. INJURY OCCURRED at home <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At Home, Farm, Street, Factory, Office Building, Etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State
22a. I certify that (I) (this hospital) attended the deceased from April 1965 to 1 May 1969 , that (I) (we) last saw the deceased alive on 1 May 1969 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.			
22b. SIGNATURE 		DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>
22d. PHYSICIAN'S NAME (Type) J. R. Poirier, M. D.		22e. ADDRESS Frederick Medical Center, Frederick, Md.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 3, 1969	23c. NAME OF CEMETERY OR CREMATORIAL Resthaven Memorial Gardens
23d. LOCATION (City or Town) (County) (State) Hansonville Frederick Md.			
24. FUNERAL DIRECTOR Donald M. Etchison & Son, Frederick, Maryland		25a. REC'D BY REGISTRAR MAY 5 1969	25b. REGISTRAR'S SIGNATURE 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, the certificate and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, and return the death certificate, page 4, to the State Dept. of Health prior to burial, cremation, or removal, and this event, within 72 hours of death.

1980